

Investors must read the Key Information Memorandum and the General Instructions before completing this Form

| KEY PARTNER / AGENT INFORMATION (F | | | | | | picang a | | | | | |
|---|--|--|--|------------------------------------|-----------------|--------------------------------|-------------------------------|---|-------------------------|------------------------------------|-----------------------------|
| ARN & ARN Name | Sub Agent Bank Brand | | Employee Ur Identification Num | | RIA/PMF | RN Name & | | nternal Code for o-Agent / Employee | | OFFICE (TIME S | USE ONLY |
| | | | | (2011) | | | 345 | -Agent / Employee | | (| |
| | | | | | | | | | | | |
| Consent for sharing Transaction Feed with I I/We hereby give my/our consent to share/provide the Registered Investment Advisor (RIA) or SEBI Registered Poi EUIN Declaration (only where EUIN box is le I/We hereby confirm that the EUIN box has been intent notwithstanding the advice of in-appropriateness, if any, is | e transaction feed / p rtfolio Manager (PMF eft blank) (Refer tionally left blank by r | ortfolio holdi RN). General Ir me/us as this | ings/ NAV etc. in respect of n nstruction 1) stransaction is executed with | ny/our investmo | ents under Dir | by the employe | | | | | |
| notwithstanding the advice of in-appropriateriess, if any, p | provided by the empl | byce/relation | nsnip manager/ sales person | or the distribut | JI/ JUD DIOKEI. | | | | | | |
| Cian Hava | | Cian U | lava | | | | Cian Horo | | | | |
| Sign Here First/ Sole Applicant/ Guardian / PoA Hole | der / Karta | Sign H | Second A | pplicant | | _ | Sign Here | Third Applica | ant | | |
| TRANSACTION CHARGES FOR APPLICAT | TIONS TUDOU | SH DISTE | DIDLITORS ONLY (Da | for Conor | llacturet | ion 3) | | | | | |
| (Please (✓) any one) ☐ I am a first time investor in N In case the purchase/subscription amount is Rs. 10,000 or r Transaction Charges in case of investments through SIP/Micro 3-4 installments. Units will be issued against the balance am the service rendered by the ARN Holder. | more and your Distrik o SIP are deductible o nount invested. Upfro | outor has op nly if the tota | al commitment of investmer | Charges, the s t (i.e. amount p | er SIP/Micro S | IP installment | (No. of installmer | nts) amounts to Rs. 10,000, | /- or moi | re and shal | l be deducted |
| (If you have existing Folio, please f | | . in this | - | | | | | | | fou this s | unulication. |
| FOLIO NO.: | | | Ine | details in ou | r records ur | nder the folio | number men | tioned alongside will | apply | tor this a | ipplication. |
| 2. MODE OF HOLDING [Please tick | | gle | | yone or S | | | | | | | |
| In the event, the investors fail to specify the me | | | | lding will be | treated as | s'joint' for al | I future purpo | oses by the AMC in re | espect | of the fo | olio. |
| 3. UNIT HOLDER INFORMATION (Re | | | | | | | | | | | |
| NAME OF FIRST / SOLE APPLICANT (In | case of Mino | r, there s | shall be no jointho | lders) | | | | | | | |
| Mr. Ms. M/s. | | | | | | | | | | | |
| PAN#/ PEKRN# | | | KYC | ldentificati | on No. (KII | N): | | | | | |
| GSTIN** | | | NAME an | d DOB/Da | te of inco | rporation | for all the A | pplicant(s) has to | be ex | actly a | s per PAN |
| GENDER Male Female Othe †Date of birth and Proof of Date of birth is ma investment. Applications shall be liable for reject General Instruction 4F. MAILING ADDRESS OF FIRST / SOLE AP | ction if the date o | of investn of birth is r | nents made on behali not mentioned in the | application 1 | orm or not | rth is availal available in | ole in KRA rec KRA records | e of birth (in case of cords the same shall or in case of mismato | f mino be up | or) [†] (√) dated fo | — or this folio |
| CITY | | STATE | E | | | | | PIN CODE | | | |
| | DIICANT | | ry Code | CTD C1 | | Tel | anhona . Off | | \perp | | |
| CONTACT DETAILS OF FIRST / SOLE APP | FICANI | Countr | , I I I | STD Code | | leli | ephone : Off. | | | + | |
| Mobile No. | | | Res. | | | | | Fax | | | |
| *Select appropriate validation code | SE [| SP | ☐ DC [|] DS | ☐ DP | | | | | F | |
| ^^Email Id | | | | | | | ∐ I/we wish Summary | to receive physical copy of thereof (Applicable only i | of the Ar If email i | nnual Rep id is not av | ort or Abridge vailable) |
| *Select appropriate validation code | SE [| SP | DC [| DS | ☐ DP | | GD [| PM C |) | F | 0 |
| ^^ On providing email-id investors shall receive scheme wi tatutory and other documents by email & for description o | ise annual report or a | nn abridged : dation codes | s Refer General Instruction S | statements/ | | | h Proof. Refer Ge | eneral instruction No 15 fo | or PAN/F | PEKRN and | l No 17 for KY |
| Mahindra MUTUAL FUND | — — — } <- | | — — TEAR HERE — | | -⊁ - | Ac | knowledge | ement Slip (To be f | illed b | y the a | pplicant) |
| Head Office: Sadhana House, 1st Floor, 570 P B M | arg, Worli, Mumba | ai – 400018 | B. Date: | D D | ММ | YY | ′ Y | ISC Stam | o & Sig | gnature | |
| Received from Mr./Ms./M/s | (O.11) | | 1.0.0.1 | | 15 . 1 . 1 | | <u> </u> | | | | |
| an application for allotment of Units of the Plan / Demand Draft / Payment Instrument as detailed | • | ioned ove | erleaf) of Mahindra Ma | nulife Mutua | ıı Fund - alo | ong with Che | eque/ | | | | |
| Please Note: All Purchases are subject to realisation | of Cheques / Dem | nand Drafts | s/PaymentInstrument. | | | | | | | conti | nued overle |



| Mr. Ms. M/s. | OIAN (i | n case | of First | t / Sol | е Арр | olican | t is a l | Minor) / | PoA H | IOLDE | R | | | | | Мс | bile N | No. | | | | | \top | | |
|---|-----------|-------------|----------|-----------|--------|------------|----------|------------------------|-----------|----------|----------------------|----------------|---------|-----------|----------------|---------|--------|----------------|-----------|----------|---------------------|--------------------|-------------|------------|------------------------|
| PAN#/ PEKRN# | | | | | T | | KYC Id | dentification | on No. (I | KIN): | | | | | | | T | | | | [Please (v | | #KYC Pro | of Attache | d(Mandatory) |
| Relationship with | Minor | @ Pleas | se (✓) | Fat | her [| Mo | ther | Court | appo | inted I | Legal Gu | ardian | | Proo | of of re | lation | ship w | vith m | ninor@ | Pleas | e (√) [| Atta | ched | @ Man | datory |
| ADDITIONAL DET | TAILS R | EQUIR | ED (in | case o | of no | n-indi | vidua | l Invest | ors) | | | | | | | | | | | | | | | | |
| Contact Person N | lame | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile No. | | | | | | | | | Em | ail | | | | | | | | | | | | | | | |
| 4. JOINT APPLI | CANT | DETAI | LS, If | any (| Refe | r Gen | eral I | nstruct | ion 4) | (in C | ase of N | /linor, | there | shall | be n | o joir | nt ho | lders | 5) | | | | | | |
| I. NAME OF SECON | D APPI | ICANT | Mr. | Ms. | M/s. | | | | | | | | | | | | | | | | | | | | |
| KYC Identification No | . (KIN): | | | | | | | | | | PAN#/ PE | EKRN# | | | | | | | | | ER □ N se (√)] | | | | r (Mandatory) |
| Mobile No. | | | | | | | ^^ | Email Id | | | | | | | | | | DAT | E OF BI | | | M | M | / Y | YY |
| ☐ I/we wish to re | ceive p | hysical | сору о | f the | Annua | al Rep | ort or | Abridge | d Sum | mary | thereof (| Applica | ble on | ly if e | mail i | d is no | ot ava | _ ailable | e) | | | | | | |
| II. NAME OF THIR | D APP | LICANT | Mr. | Ms. | M/s. | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | _ | | | | □GEND | ER 🗆 N | lale □ | Female | ☐ Othe | r |
| KYC Identification No | . (KIN): | | | | Щ | | | | | | PAN#/ PE | EKRN# | | | | | | | | _[Pleas | | | | | (Mandatory) |
| Mobile No. | | | | | | | ^^ | Email Id | | | | | | | | | | DAT | E OF BI | RTH | D D | M | M | Y | Y |
| I/we wish to re #Please attach Proof | | • | | | | | | _ | | nmary | thereof (| Applica | able on | lly if e | mail i | d is no | ot ava | ailable | e) | | | | | | |
| ^^ On providing ema | | | | | | | | | | ged sur | nmary the | ereof/ ac | count s | tateme | ents/s | tatuto | ry and | other | docun | nents b | oy emai | l. (Refe | er Gene | eral Inst | ruction 9) |
| 5. APPLICANT | DETAIL | S (Ma | ndato | ry) (R | efer (| genei | al ins | tructio | n 4) | | | | | | | | | | | | | | | | |
| 5a. Status of Ap | plican | ts (Ref | er Gen | neral I | nstr | uctio | 14D) (| Please | tick o | ne) | | | | | | | | | | | | | | | |
| Sole/First Applicant | _ | sident I | | ual | |] NRI-F | • | | | _ | ☐ Partne | rship | Tru | | | | _ | _ | _ | P 🔲 | | / (| | | ate Ltd. |
| ☐ Individual ☐ Non Individual | _ | dy Corp | | ant in In | | _ | | patriation of Minor | _ | _ | OCI Sole Prop | oriotorchir | | | Organi | | _ | ank [| _ | □: | Societ | y / CIU ease sp | _ | Pub | lic Ltd. |
| | | | | | uiu |] 011 0 | Citali | or ivilition | Ш. | | | JIIC (OI JIII) | | | Organi | Jution | | | | | | cusc sp | ——— | | |
| Second Applicant | _ | sident I | | ual | | NRI-F | • | | Q | _ | ☐ Partne | rship | Tru | | | | ∏HU | | | P 🔲 | | . / С | _ | _ | ate Ltd. |
| ☐ Individual | | dy Corp | | ent in In | | - | | patriation of Minor | _ | _ | ☐ OCI ☐ Sole Prop | nrietorshir | | | Organi | | _ | ank [thers | _ | | Societ ₎ | y / Cit ease sp | _ | Pub | lic Ltd. |
| Non Individual | | | | | | | | | | | | | | | | | | | | | ` | | | | |
| Third Applicant | _ | sident I | | ual | |] NRI-F | | | | _ | Partne | rship | Tru | | | | ∏HU | | | P 🔲 | | | | | ate Ltd. |
| Individual | | dy Corp | | ont in In | dia 🗀 | - | | patriation of Minor | _ | _ | OCI Sole Prop | riotorchir | | | Organi | | _ | ank [| | | Societ | y / CIu ease sp | | Publ | lic Ltd. |
| Non Individual | | | | | uiu |] 011 0 | criair c | or ivilition | | [| | JIIC (OI JIII) | , | | organi | Jution | | uicis. | | | (' ' ' | cusc sp | | | |
| 5b. Occupation I | | | | | Condi | | Dublic | Coctor | onde | . \Box | Governm | ont Cor | vico | □ c+, | udont | | | Drof | ossion | s al | ПНо | 115014 | uifo. | | Pusinoss |
| Sole/First Application Please select any of | | _ | etired | ector . | servic | _ | | lturist | ervice | _ | roprieto | | | ວແ ∏Ot | udent ·hers | | L |] 1101 | ession | Idi | Шпо | usew | lie | _ | Business e specify) |
| Second Applican | | | | ector ' | Servic | | | Sector S | ervice | | overnm | | | = | udent | | | Prof | ession | nal | ПНо | usew | /ife | | Business |
| Please select any o | | Re | | | | | | lturist | | _ | roprieto | | | _ | :hers_ | | | | | | | | | _ | e specify) |
| Third Applicant | | Pr | ivate S | ector : | Servic | :e | Public | Sector S | ervice | . N | Governm | ent Ser | vice | Stı | udent | | Г | Prof | ession | nal | ПНо | usew | /ife | | Business |
| Please select any o | ne | Re | etired | | | | Agricu | lturist | | _ P | roprieto | rship | | _ _ Ot | hers_ | | | | | | | | | (Pleas | e specify) |
| 5c. Gross Annua | l Incor | ne / Ne | et-wor | th (R | s.) | | | | | | | | | | | | | | | | | | | | |
| Sole/First Applic | ant | | Annua | l Inco | me [| Bel | ow 1 L | .akh | | 1 - 5 La | akhs | 5 - | 10 Lak | hs | 1 | 0 - 25 | Lakh | ns [| 25 | Lakh | s - 1 Cr | ore | [| >1 | Crore |
| (Please select any | one) | or Net-w | orth | | (| Mand | atory 1 | for Non- | Individ | duals) | Rs | | | | | as on | D | D | Μ | Μ | YY | Υ | <u>Y</u> (N | ot older | than 1 year) |
| Second Applica | nt | | Annua | l Inco | me [| Bel | ow 1 L | .akh | | 1 - 5 La | akhs | 5 - | 10 Lak | hs | 1 | 0 - 25 | Lakh | ns [| 25 | Lakh | s - 1 Cr | ore | [| >1 | Crore |
| (Please select any | one) | or Net-w | orth | | (| Mand | atory 1 | for Non- | Individ | duals) | Rs | | | | | as on | D | D | Μ | M | ΥΥ | Υ | <u>Ү</u> (N | ot older | than 1 year) |
| Third Applicant | | Gross | Annua | l Inco | me [| Bel | ow 1 L | .akh | | 1 - 5 La | akhs | 5- | 10 Lak | hs | 1 | 0 - 25 | Lakh | ns [| 25 | Lakh: | s - 1 Cr | ore | | >1 | Crore |
| (Please select any | | or Net-w | orth | | (| Mand | atory 1 | for Non- | Individ | duals) | Rs | | | | | as on | D | D | М | М | ΥΥ | Υ | <u> </u> (N | ot older | than 1 year) |
| | | | | | | - → | < | | — те | AR HE | RE | | -* | | | | | | | | | | | | |
| Scheme(s)/Plan(| s)/Opti | on(s)/ S | iub-opt | tion(s) | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | | | | | | | | | | | | | |
| Cheque / DD / Payment | Instrumer | nt No. & Da | ite | | | | Dra | wn on (Ban | k and Bra | anch) | | | | | | | A | Amount | in Figure | es (Rs.) | | | | | |
| SID/ Micro SID Date | . (-) | | | | | | | | | | | | on Un | CID A | m.c | + / D= | | | | | | Eve | | | |



| 5d. Politically Expose | d Person (PEP) S | tatus (Also | applicable for | authorised s | ignator | ies/ Promote | ers/ Ka | arta/Truste | ee/ Wl | hole time | Dire | ctors) | | | | |
|---|---|---------------------------|------------------------------|--|------------------------------|------------------------------------|-------------------------|--|--------------------|---------------------------|-----------------|---------------------|-------------------|-------|---|-----------|
| Sole/First Applicant | (Please select any | y one) | ☐ I am a PEP | □la | m Relate | ed to a PEP | | ☐ Not Ap | plical | ole | | | | | | |
| Second Applicant (P | lease select any o | ne) | ☐ I am a PEP | □la | m Relate | ed to a PEP | | ☐ Not Ap | oplical | ole | | | | | | |
| Third Applicant (Plea | ase select any one | <u>=</u>) | ☐ I am a PEP | □la | m Relate | ed to a PEP | | ☐ Not Ap | oplical | ole | | | | | | |
| 6. FATCA and CRS D | ETAILS For Indiv | iduals (Mai | ndatory) Non | Individual i | nvesto | rs including | HUF | should ma | anda | torily fill | sepa | arate F | -ATC | A/CF | RS form | |
| | Sole/First Applica | nt/Guardia | n | Second | d Applic | ant | | | | Third App | olican | t | | | | |
| Place of Birth | | | | | | | | | | | | | | | | |
| Country of Birth | | | | | | | | | _ | | | | | | | |
| Nationality | ☐ Indian ☐ U.S. [| | | | an U. | | | | _ | | | .S. 🔲 0 | | | | |
| Tax Residence Address Type (as per KYC records) | Residential R | legistered Office | Business | | | Registered Off | ice | Business | | | | Registe | ered Off | fice | Business | |
| Are you a tax resident (i.e., are | Yes / No | | | Yes | / No | | | | | Yes / | No | | | | | |
| you assessed for Tax) in any other country outside India? | If 'YES', please fill below | for ALL countrie | s (other than India) ir | n which you are a | Resident fo | or tax purposes i.e. | , where | you are a Citize | n / Resi | dent / Green | Card Ho | older / Ta: | x Reside | nt in | the Respective | countries |
| Country of Tax Residency | (1) | | | (1) | | | | | | (1) | | | | | | |
| | (2) | | | (2) | | | | | | (2) | | | | | | |
| | (3) | | | (3) | | | | | | (3) | | | | | | |
| Tax Identiification Number OR | ` ' | | | (1) | | | | | | (1) | | | | | | |
| Functional Equivalent | (2) | | | (2) | | | | | | (2) (3) | | | | | | |
| Identification Type | (1) | | | (1) | | | | | _ | (1) | | | | | | |
| (TIN of other, Please specify) | (2) | | | (2) | | | | | | (2) | | | | | | |
| 157011 | (3) | | | (3) | | | | | | (3) | | | | | | |
| If TIN is not available, please tick the reason A,B, or C (as defined below) | 1 B C C | _ABC | 3 | 1 A | В 🗆 С | 2 | C 3 |] A | | 1 | | 2 □ A [| B |]c | 3 |](|
| Reason B → No TIN required. (J. Reason C → Others; please sta 7. BANK ACCOUNT I (Mandatory to attactory to the count) For unit holders opting to hold | DETAILS OF THE I | FIRST / SOL the pay-ou | E APPLICANT t bank accoun | (For redem | ption p t from | ourpose) (Re the bank ac | fer Gount | eneral Ins | | | | 8 belo | w.) | | | |
| Bank Name | | | | | | | | | | | | | | | | |
| Branch Address | | | | | | | | | | Branch C | City | | | | | |
| Account No. | | | | | | MICR | Code | | | | | | | yo | he 9 digit code a our cheque ne leque number) | |
| Account Type (Please ✓ |) Savings | Curren | t NRO | □ NRE □ | FCNF | R Other | rs (ple | ase specify | y) | | | | | | | |
| IFSC Code*** | | | | *** Refer cheque le | General eaf. If yo | Instruction 6C u do not find t | (Mano | datory for Cr your chequ | redit v e leaf, | ia RTGS / N please che | NEFT) eck fo | (11 Cha r the sa | aracter ime wi | cod | le appearing our bank) | j on yo |
| Unitholders will receive redemp | tion/dividend(IDCW) ر | oroceeds directly | y into their bank acco | ount (as furnished | l in Section | n 8) via Direct crec | lit/RTG | S/NEFT facility | yunles | s specified ot | therwi | se in writ | ing. | | | |
| 8. INVESTMENTS & F Details) The name of NOTE: In case of, Paymen and the cheque/DD deta | the first/sole appl nt through single ch | icant must l | be pre-printed of | on the chequ be issued in fa | e for lu vour of ' | mpsum Inves Mahindra Man | itmen ulife M | t/ SIP Regis | stratio | on. FOR D | EFAL | JLT OP | TIONS | , PL | EASE REFE | RKIM |
| Payment Type: Payment Through: | _ | 2 | Mul | tiple Chequ | es (Ref | Please attach 'Thi | n 5 D) |) | | | | , | | | 1.9 | |
| | One time Lum | psum Inves | tment 🔝 Syst | tematic Inve | stment | Plan (Attach | Comr | mon SIP/ TO | P-UP: | SIP registra | ation | upgrad | ae cun | n ae | bit mandat | e form, |
| *LEI No. | | | | | | | | Val | id up | to: | | | | | | |
| *The Legal Entity Identifier (LEI) i Real Time Gross Settlement (RTGS receipt/receipt of funds with a del |) and National Electronic | | | | | | | | | | | | | | | |
| Scheme/Plan/ Sub-opti | Option/ | | estment mount | DD Charges, if any | Ne | t DD / Cheque Amount | | Cheque/ DI Payment Instru Refer No./ | ument/ | RTGS / NEFT | | Prawn o | | Ban | k Account N | lumbe |
| Mahindra Manulife _ | | | | | | | | neter now | 0.0 | udinty | | | | | | |
| Mahindra Manulife _ | | | | | | | | | | | | | | | | |
| | | TOTAL | <u> </u> | | | | | | | | | | | | | |



Sign Here

First / Sole Applicant/ Guardian / PoA Holder / Karta

| 9. UNIT | HOLDING OPTION DEMAT | | | in Domat M | 1ode. Pl | ease e | | | | ence | of the | nan | nes as | mentio | oned | | ne ap | plica | tion f | orm | n mat | ches | witl |
|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|---|--|--|--|--|--|--|--|
| | account details are mandatory if the e demat account. Investor opting t | | | | of the l | | | | | | atch t | he de | emat | details a | as st | ated | in the | app | | on fo | orm. | | |
| NSDL | DP NAME | | | [| DP ID | 1 | N | | | | | | Bene Acco | ficiary unt No | . [| | | | | T | | | _ 7 |
| CDSL | DP NAME | | | | Benefic Accour | ciary | | | | | | T | | | | | | | | | | | |
| 10. NO | MINATION (Refer Instruction 14) | | | | Accoun | 10. | | | | | | | | | | | | | | | | | _ |
| | ne and Address of Nominee(s) (Mandatory) | Relationship with | Date of Birth | Name and | d Addre | ess of C | Guardia | | PAN o | | | vhich | the | ion (%) units w | ill be | | : | Signa Gua | ture o | of N | lomin Nomii | ee / | _ |
| | | Applicant (Mandatory) | (Mandatory | in case the N | Nomine | ee is a r | minor) | | uard Option | | | | | ach Nor egate to | | | | | | | | | _ |
| | Nominee 1 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | Nominee 3 | | | | | | | | | | | | | | | | | | | | | | |
| | and the issues involved in n eed to submit all the requisi | | nt of nominee | | ırther | are a | ware t | hat in | case | e of c | leat | h of | all ti | ne acc | our | t ho | olde | r(s), | my/ | ou | r leg | al h | eir |
| /We am/applicable documer Mutual F documer Regulation any other process is prevailing. | | te documents i r Instruction 13) g capital markets ereby confirm and nent, Statement o I/We am/are eli- invested in the Sc uny other applicab overnment of Ind atisfaction of the F- and undertake suc | under any order declare as follow f Additional Info gible Investor(s) theme is derived le laws or any No ia from time to ti fund, I/we hereby | e(s) and furt or other r/ruling/judg ws:-I/We ha rmation and as per the si through leg tifications, E time. I/We Co y authorize t ith such func | gment of average and key Indischeme gitimat Directive on firm tithe Funds that r | etc., of d, undeformate e relate e sour es of th hat the id, to re may be | f any received and | egulation author author and he morand uments by and is isions on investe the funded by the | case prity, on, indereby dum) s and s not of the ed in inde | cludir agree and a am/a held Incor the So vestee v.I/W | ng SEe to compply years are according to the metal and in | BI. I/ omp for a uthor esign x Act e, leg ene Score no | We colly wit llotmoised ed fo , Antigally be hemotored. | onfirm the teent of Leto maker the pullings when | that that erms Units e th urpo Lau to r | my a and of this invesse of noder me/u | applide applide concorde Scientific Concorder Scien | catio ditionnement traves aws, even lican duce | my / e mut n is in s of th es of M as per ntion Anti C t"Kno t, at the | contact contac | mplia chemindra ie Cor any A uptio our C applic rebat | nal hod fo | with ate uling the way of the way |
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