

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

KEY PARTNER / AGENT INFORMATION (Refer General Instruct	ion 1)						
ARN & ARN Name	Sub Agent's Al Bank Branch C		nployee Unique cation Number (EUIN)	RIA/PMRN Name		Internal Code for Sub-Agent / Employe	FOR OFFICE USE (
ARN - 92245		E	092536					
Consent for sharing Transaction Feed with I/We hereby give my/our consent to share/provide the Registered Investment Advisor (RIA) or SEBI Registered Po EUIN Declaration (only where EUIN box is le I/We hereby confirm that the EUIN box has been inten notwithstanding the advice of in-appropriateness, if any,	e transaction feed / portfol rtfolio Manager (PMRN). e ft blank) (Refer Gen tionally left blank by me/u	io holdings/ NAV etc eral Instruction s as this transaction is	. in respect of my/our investme n 1) s executed without any interac	ents under Direct Plan in t tion or advice by the emp				
Sign Here First/ Sole Applicant/ Guardian / PoA Hol	der / Karta	Sign Here	Second Applicant		Sign Here	Third Appli	ant	_
TRANSACTION CHARGES FOR APPLICA' (Please (/) any one)	Mutual Funds	n an existing investor has opted in to rece the total commitmer	r in Mutual Funds (Default) ive Transaction Charges, the sa nt of investment (i.e. amount p	ame are deductible as ap er SIP/Micro SIP installme	ent x No. of insta	llments) amounts to Rs. 10,00	0/- or more and shall be ded	ducted
(If you have existing Folio, please f		this section	-					ation
7 MODE OF HOLDING [Plants tick	()		_		ono number	mentioned alongside wi	i apply for this applica	icion.
2. MODE OF HOLDING [Please tick In the event, the investors fail to specify the m			· _ ,		r all future p	urposes by the AMC in	espect of the folio.	
3. UNIT HOLDER INFORMATION (Re	efer General Inst	truction 4)						
NAME OF FIRST / SOLE APPLICANT (Ir	case of Minor, th	ere shall be n	o jointholders)					
Mr. Ms. M/s.								
PAN#/ PEKRN#			KYC Identification	on No. (KIN):				\perp
GSTIN**			NAME and DOB/Dat	te of incorporation	on for all th	ne Applicant(s) has t	be exactly as per	PAN
GENDER Male Female Other †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	ndatory in case of ir ction if the date of bi	vestments mad th is not mentic	le on behalf of minor. If oned in the application f	orm or not available	ilable in KRA e in KRA reco	date of birth (in case of A records the same sha ords or in case of misma	l be updated for this	tache
								_
CITY		STATE				PIN CODE		Ļ
CONTACT DETAILS OF FIRST / SOLE APP	PLICANT Co	ountry Code	STD Code		Telephone : 0			
Mobile No.		Res.)		7.60	Fax		<u>_</u>
*Select appropriate validation code ^^Email Id	SE	SP D	OC DS	☐ DP ☐	GD I/we	☐ PM ☐ C		bridae
*Select appropriate validation code	☐ SE ☐ S	SP □ D	DC DS		Sumr	mary thereof (Applicable only	if email id is not available	:)
Select appropriate validation code			landatory for NRI/PIC					=
^^ On providing email-id investors shall receive scheme w statutory and other documents by email & for description o	ise annual report or an ab f Mobile & Email validatio	ridged summary the n codes Refer Gener	ereof/ account statements/			fer General instruction No 15	for PAN/PEKRN and No 17	for KY0
Manulife Mutual Fund			-ANTIENE	,	Acknowle	dgement Slip (To be	filled by the applica	ant)
Head Office : Sadhana House, 1st Floor, 570 P B M	arg, Worli, Mumbai – 4	00018.	Date: D D	M M Y	YY	ISC Stan	p & Signature	
Received from Mr./Ms./M/s. an application for allotment of Units of the Plan/ Demand Draft / Payment Instrument as detailed	•	ed overleaf) of M	ahindra Manulife Mutua	l Fund - along with 0	 Cheque/			_
Demand Draft / Payment instrument as detailed		D	la stance and				continued o	worlo



Mr. Ms. M/s.	DIAN (i	n case	of First	/ Sol	e Appl	icant	is a M	linor) /	PoA H	OLDE	R						Мо	bile N	No.					\Box	\top		
PAN#/ PEKRN#							KYC Ide	entificati	on No. (k	(IN):						T	Т	Т	Т	+	\Box	[Pleas	se (✔)]	#KYC P	roof Attach	ned(Mar	ndatory)
Relationship with	Minor	@ Plea	se (√)	Fat	her [∃Mot				_	Legal Gu	ardian		Pı	roof of	f rela	ations	ship v	vith n	ninor@	Plea	se (√	′) □ A	ttached	d @ Ma	ndato	ory
ADDITIONAL DET											5										-						
Contact Person N																											
Designation																											\neg
Mobile No.									Ema	ail																	
4. JOINT APPL	ICANT	DETA	ILS, If	any (Refer	Gene	ral In	struct	ion 4)	(in C	ase of N	/linor,	ther	e sha	all be	no	join	t ho	lder	s)							
I. NAME OF SECON	ID APPI	LICANT	Mr.	Ms.	M/s.																						
KYC Identification No	o. (KIN):										PAN#/ PE	KRN#										_	_	☐ Femal #KYC Proo	_		datory)
Mobile No.	ceive p	hvsica	l copy o	f the A	Annual	Repo		mail Id Abridae	ed Sum	marv	thereof (Applic	able o	onlv i	if ema	ail id	is no	ot ava	J	TE OF B	IRTH	D	D M	М	Y	Υ	Υ
	II. NAME OF THIRD APPLICANT Mr. Ms. M/s.														_												
				_		_				_				_	_						GEN	IDER [□ Male	☐ Femal	ie 🗆 Oth	er	
KYC Identification No	o. (KIN):	Щ.		<u> </u>			Щ				PAN#/ PE	EKRN#												#KYC Proo			datory)
Mobile No.							^^E	mail ld											DAT	TE OF B	IRTH	D	D M	М	ΥΥ	Υ	Υ
☐ I/we wish to re #Please attach Proof ^^ On providing emails	f. Refer G	ieneral	Instructi	on No 1	5 for PA	N/PEK	RNand	l No 17 fo	or KYC.	ŕ		• •									monte	- bu on	mail (D	ofor Cou	a aval Inc	+	ion (I)
5. APPLICANT I										jeu sui	Tilliary Cit	ereor/ ac	Count	t state	inenc	3/ 310	atutoi	y ariu	Othe	docu	ments	b by ei	nan. (iv	elei dei	ierai iris	structi	
5a. Status of Ap	plican	ts (Ref	er Gen	eral I	nstru	ction	4D) (F	Please	tick o	ne)																	
Sole/First Applicant	Res	sident I	Individu	ıal		NRI-Re	epatria	ation	Q	FI [Partne	rship		Trust				□н	UF	☐ AC)P [] PIO			Pri\	ate L	_td.
Individual	Во	dy Cor	porate			NRI-No	on Rep	atriatio	n 🗌 B	_	OCI							_		FI		Soc	iety/(Club	Puk	olic Lt	td.
☐ Non Individual	Fore	eign Natio	onal Reside	ent in In	dia 🔲 (On Be	half of	f Minor	FI	PI [Sole Prop	orietorshi	1	Non Pr	ofit Org	anisa	tion	O1	thers				_ (Please	specify)			
Second	Res	sident l	Individu	ıal		NRI-Re	epatria	ation	Q	FI [Partne	rship		Trust				□н	UF	☐ AC)P [PIO			Pri\	ate L	∟td.
Applicant Individual	_	dy Cor						atriatio			OCI							_		FI		Soc	iety/0		Puk	olic L1	td.
Non Individual	Fore	eign Natio	onal Reside	ent in In	dia 🔲 (On Be	half of	f Minor	FI	PI [Sole Prop	orietorshi	1	Non Pr	ofit Org	anisa	tion	O1	thers				_ (Please	specify)			
Third	Res	sident I	Individu	ıal		NRI-Re	epatria	ation	Q	FI [Partne	rship		Trust				□н	UF	AC)P [PIO			Pri\	ate L	_td.
Applicant Individual	Во	dy Cor _l	porate			NRI-No	on Rep	atriatio	n 🗌 Bo	01 [OCI			LLP				Ва	ank	FI		Soc	iety/(Club	☐ Puk	olic Lt	td.
☐ Non Individual	Fore	eign Natio	onal Reside	ent in In	dia 🗌 (On Be	half of	f Minor	F	PI [Sole Prop	orietorshi	1 🔲 q	Non Pr	ofit Org	anisa	tion	☐ O1	thers				_ (Please	specify)			
5b. Occupation I	Details	[Plea	se tick	(√)]																							
Sole/First Applic		☐ Pı	rivate Se	ector S	Service	- P	ublic S	Sector 9	Service	□G	overnm	ent Ser	vice		Stude	ent			Pro	fessio	nal		House	wife		Busi	ness
Please select any o	one	Re	etired			□ A	gricul	turist		□ P	roprieto	rship			Othe	rs									(Plea	se spe	cify)
Second Applican Please select any o			rivate Se	ector S	Service				Service	□G	overnm	ent Ser	vice		Stude	ent			Pro	fessio	nal		House	ewife		Busi	ness
r lease select ally c	1		etired			_	gricul			_	roprieto				Othe	rs									(Plea	ise spe	cify)
Third Applicant Please select any o	one	_	rivate Se etired	ector S	Service	_	ublic S gricul		Service		overnm roprieto		vice		Stude Other]Pro	fessio	nal		House	wife		Busi se spe	
5c. Gross Annua	l Incor	ne / N	et-wor	th (Rs	;.)																						
Sole/First Applic	cant		Annua	l Inco	me [] Belo	w 1 La	akh		1 - 5 La	akhs	5 -	10 La	akhs] 10) - 25	Lakh	ns	2	5 Lak	hs - 1	Crore	<u>;</u>	<u></u> >1	Cror	re
(Please select any	y one)	or Net-w	orth		(N	landa	tory fo	or Non-	Individ	luals)	Rs					a	s on	D	D	M	Μ	Υ	Y	Y	(Not olde	r than	1 year)
Second Application (Please select any		or	Annua	l Inco		-				1 - 5 La		<u> </u>	10 La	akhs		-		Lakh	ns	2	5 Lak	hs - 1	Crore	V	>1		
(,,	Net-w	ortn		(IV	landa	tory fo	or Non-	Individ	luals)	Ks					as	s on						- 1	((Not olde	r than	1 year)
Third Applicant (Please select any		or	Annua	l Inco		-				1 - 5 La		<u> </u>	10 La	akhs		-		Lakh	_	2	5 Lak	hs - 1	Crore		<u></u> >1		
(Flease select all)	y one)	Net-w	orth		(N	landa	tory fo	or Non-								a	s on	D	D	IVI	IVI	Y	YY	<u>(</u>	(Not olde	r than	1 year)
						- →<			— TE	AR HEI	KE		-×	F -													
Scheme(s)/Plan(s)/Opti	on(s)/S	sub-opt	ion(s)																							
Cheque / DD / Payment	Instrumer	nt No. & D:	ate				Draw	vn on (Ban	k and Rra	nch)									Amoun	t in Figu	res (Rs)	<u> </u>					\dashv
SID/ Micro SID Date							Jun	(bull		,			For: !!	cir	Ama		/ D = -				()		-				



5d. Politically Expose	d Person (PEP) S	t atus (Also	applicable for a	authorised s	ignatori	ies/ Pro	moters/ ł	Karta/Trustee/	Whole time	Directors)		
Sole/First Applicant	(Please select any	one) [lam a PEP	□la	m Relate	ed to a F	PEP	☐ Not Applie	cable			
Second Applicant (P	lease select any o	ne) [lam a PEP	□la	m Relate	ed to a F	PEP	☐ Not Applic	cable			
Third Applicant (Plea	ase select any one	e) [lam a PEP	□la	m Relate	ed to a F	PEP	☐ Not Applie	cable			
6. FATCA and CRS D	ETAILS For Indivi	duals (Mar	ndatory) Non I	ndividual i	nvestor	rs inclu	ding HU	F should mand	latorily fill	separate FATC	A/CRS form	
	Sole/First Applica	nt/Guardian	<u> </u>	Second	d Applica	ant			Third Appl	icant		
Place of Birth												
Country of Birth												
Nationality	☐ Indian ☐ U.S. [Others, pleas	se specify	India	an 🔲 U.S	5. 0th	iers, please s	specify	Indian	U.S. Others	, please specify	
Tax Residence Address Type (as per KYC records)	Residential R	egistered Office	Business	Resi	dential [Register	red Office	Business	Residenti	al Registered (Office Business	i
Are you a tax resident (i.e., are	Yes / No			Yes	/ <u>No</u>				Yes /	No		
you assessed for Tax) in any other country outside India?	If 'YES', please fill below	for ALL countries	s (other than India) in	which you are a	Resident fo	r tax purpo	oses i.e., wher	re you are a Citizen / R	esident / Green C	ard Holder / Tax Resid	lent in the Respectiv	e countries.
Country of Tax Residency	(1) (2) (3)			(1) (2) (3)					(1) (2) (3)			
Tax Identiification Number OR Functional Equivalent	(2)			(1) (2)					(1) (2)			
Identification Type	(3)			(3)					(3)			
(TIN of other, Please specify)	(2)			(2)					(2)			
If TIN is not available, please tick the reason A,B, or C (as defined below)	1 2] A	3	1	В 🗆 С	2 □ A □		3 □ A □ B □ C	1 □ A □ B [2	C	C
Reason A \rightarrow The country when Reason B \rightarrow No TIN required. (See Reason C \rightarrow Others; please sta	Select this reason Only if						e TIN to be co	ollected).		Refer Ge	neral Instructions	4C and 19
7. BANK ACCOUNT D	DETAILS OF THE F											
(Mandatory to attac	h proof, in case t	he pay-out	bank accoun	t is differen	t from	the bar	nk accou	nt mentioned	under Sect	ion 8 below.)		
For unit holders opting to hold	units in demat form, p	ease ensure th	at the bank account	linked with the	demat ac	count is m	nentioned he	ere.				
Bank Name												
Branch Address									Branch C	ty		
Account No.						N	IICR Code	е			(The 9 digit cod your cheque cheque number	next to the
Account Type (Please ✓	') Savings	Current	: NRO	□ NRE [FCNR	R 🗆 (Others (p	lease specify) _			·	
IFSC Code***				cheque le	eaf. If you	u do not	find this o	ndatory for Credi	af, please che	ck for the same v	er code appeari vith your bank)	ng on you
Unitholders will receive redemp		•						•	•		Do wto a Donner	4
8. INVESTMENTS & P Details) The name of t NOTE: In case of, Paymer and the cheque/DD deta	the first/sole appl nt through single ch	icant must be	e pre-printed of	on the chequoe issued in fa	e for lur vour of 'N	mpsum Mahindra	Investme a Manulife	ent/ SIP Registra Multiple Scheme	tion. FOR DE	FAULT OPTION	IS, PLEASE REF	FER KIM.
7	Non-Third Part Single Cheque		Mul	tiple Chequ	es (Ref	er instr	uction 5 [
l] One time Lum	osum Invest	tment 🔝 Syst	ematic Inve	stment	Plan (F	Attach Con	mmon SIP/TOP-U	P SIP registra	tion/upgrade ci	ım debit manda	ate form)
*LEI No.								Valid upt				
*The Legal Entity Identifier (LEI) is Real Time Gross Settlement (RTGS receipt/receipt of funds with a del	i) and National Electronic F											
Scheme/Plan/ Sub-opti	Option/		estment nount	DD Charges, if any	Net	DD / Ch Amour		Cheque/ DD/Fu Payment Instrume Refer No./OTB	nt/ RTGS / NEFT	Drawn on Bank / Branch	Bank Account	t Number
Mahindra Manulife _												
REGULAR PLAN												
Mahindra Manulife _												
REGULAR PLAN		TOTAL										



First / Sole Applicant/ Guardian / PoA Holder / Karta

hat of the demat account. Investor opting to hold units in demat form, may provide a copy of the DP statement to enable us to match the demat details as stated in the application form. NSDL DP NAME DP NAME Beneficiary Account No. Beneficiary Account No. DP NAME Beneficiary Account No. Beneficiary Account No. Nominoe (s) Relationship Applicant Nominee (s) Relationship Applicant Date of Birth Name and Address of Nominee (Optional) Applicant Nominee 1 Nominee 1 Nominee 2 Nominee 3 Nominee 3 Nominee 1 Nominee 1 Nominee 1 Nominee 1 Nominee 3 Nominee 1 Nominee 3 Nominee 3 Nominee 3 DR Please (/)		HOLDING OPTION	I □ DEMAT N	MODE*	□РНҮ	SICAL MODE (Defau	lt)	(Refe	r Instruc	ion 12)																
DP ID IN Beneficiary Account No. DP NAME Beneficiary Account No. DP NAME Beneficiary Account No. 10. NOMINATION (Refer Instruction 14) (Mandatory for new folior of Individuals where mode of holding is single) (For Units in Non-Demat Form) Name and Address of Nominee(s) Relationship Applicant (to be furnished in case the Nominee is a minor) Nominee 1 Nominee 1 Nominee 3 Please (/1) UWe do not wish to Nominate 11. DECLARATION & SIGNATURE/S (Refer Instruction 13) We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance applicable Indian and foreign laws. I /We hereby confirm and declare as follows: I /We have read, understood and hereby agree to comply with the terms and conditions of the schemes of Mahindra May during the following in the scheme information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of the Scheme is derived through legitimate sources only and is not held or designed for the purpose of contravention of any Act, and thone, Laundering Laws, Anti-Corruption Layroptical Provisions of the more Law Act, and thone, Laundering Laws, Anti-Corruption Layroptical Provisions of the India Favor Lawroptical Lawroptical Provisions of the India Favor Lawroptical Lawroptical Provisions of the India Favor Lawroptical Lawropt	Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the names as mentioned in the application form matches w hat of the demat account. Investor opting to hold units in demat form, may provide a copy of the DP statement to enable us to match the demat details as stated in the application form.																									s with
10. NOMINATION (Refer instruction 14) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form) Name and Address of Nominee(s) Relationship with Applicant (to be furnished in case the Nominee is a minor) Nominee 1 Nominee 2 Nominee 3 Relationship with Applicant (to be furnished in case the Nominee is a minor) Nominee 3 Nominee 3 Nominee 3 Nominee 4 Nominee 5 Nominee 6 Nominee 6 Nominee 7 Nominee 8 Nominee 8 Nominee 9 Nominee (Mandatory) Proportion (%) in white cants with be shared earth of Nominee (Mandatory) Nominee 9 Nominee (Mandatory) Proportion (%) in white cants with be shared earth of Nominee (Mandatory) Nominee 9 Nominee 9 Nominee 9 Nominee 9 Nominee (Mandatory) Proportion (%) in white cants with be shared earth of Nominee (Mandatory) Nominee 9 Nominee 9 Nominee 9 Nominee 9 Nominee 9 Nominee (Mandatory) Proportion (%) in white cants with be shared earth of Nominee (Mandatory) Nominee 9 Nominee 9 Nominee 9 Nominee 9 Nominee 9 Nominee 9 Nominee (Mandatory) Proportion (%) in white cants with be shared with shared and shared with shared and shared with shared with shared and shared with s	NSDL	DP NAME					DP ID	1	N												Ï	\equiv			\equiv	
Name and Address of Nominee(s) Relationship with Applicant Date of Birth Name and Address of Guardian (to be furnished in case the Nominee is a minor) Nominee 1 Nominee 2 Nominee 3 Relationship with Applicant Nominee 3 Nominee 3 Date of Birth Name and Address of Guardian (to be furnished in case the Nominee is a minor) Proportion (%) in white units will be shared to the units will be shared in the state of the units will be shared in the state of the units will be shared in the state of the units will be shared in the state of the units will be shared in the units will be shared in the state of the units will be shared in th	CDSL	DP NAME					Benef	ficiary unt No.																$\overline{\mathbb{T}}$		
Nominee 1 Nominee 2 Nominee 3 Nominee 3 Nominee 3 Nominee 4 Nominee 5 Nominee 5 Nominee 6 Nominee 6 Nominee 6 Nominee 7 Nominee 8 Nominee 9 Nominee 10 N	10. NOI	MINATION (Refer Instruc	truction 14) (Mar	ndatory for ne	w folios of	Individuals where r	mode of holding i	s single)	(For Un	ts in No	n-Den	nat Fo	orm)													
Nominee 3	Name	and Address of Nomir	minee(s)	wit	th .	Gua																the units will be shared by each Nominee				
Please (-/)] I/We do not wish to Nominate 11. DECLARATION & SIGNATURE/S (Refer Instruction 13) I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance applicable Indian and foreign laws. I / We hereby confirm and declare as follows: I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme redocuments (i.e. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of the Schemes of Mahindra Ma Mutual Fund ('the Fund') indicated above. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitution of the scheme related documents and am/are authorised to make this investment as per the Constitutions or any statute or legislation or any other applicable laws or any Notifications, Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Learny other applicable laws enacted by the Government of India from time to time. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Custoprocess is not completed by me/us to the satisfaction of the Fund, I/we hereby authorize the Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We have not received nor have been induced by any rebate of directly or indirectly, in making this investment. The information given in / with this application form is true and correct and further agree to furnish such other further/additional informat		Nominee 1				(to be fulfill	isried iii case ti	TE NOTI	iiiiee i.		——									(sh	iou	Id ag	jgre —	gate	:o 10	00%)
Please (/)] I/We do not wish to Nominate 11. DECLARATION & SIGNATURE/S (Refer Instruction 13) 1/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance applicable Indian and foreign laws. I / We hereby confirm and declare as follows:- I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme redocuments (i.e. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of the Schemes of Mahindra Ma Mutual Fund ('the Fund') indicated above. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitution (s). The amount invested in the Scheme is derived through legitimate sources only and is not held or designed for the purpose of contravention of any Act, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Learny other applicable laws enacted by the Government of India from time to time. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Custo process is not completed by me/us to the satisfaction of the Fund, I/we hereby authorize the Fund, to redeem the funds invested in the Scheme, in favour of the applicable prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We have not received nor have been induced by any rebate or directly or indirectly, in making this investment. The information given in / with this application form is true and correct and further agree to furnish such other further/additional information given in / with this application form is true and correct and further agree to furnish such other further/additional information given in / with		Nominee 2																								
The Complete (*)] If the do not wish to Nominate 11. DECLARATION & SIGNATURE/5 (Refer Instruction 13) If the am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. If the confirm that my application is in compliance applicable Indian and foreign laws. If the hereby confirm and declare as follows: If the have read, understood and hereby agree to comply with the terms and conditions of the scheme redocuments (i.e. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of the Schemes of Mahindra Ma Mutual Fund ('the Fund') indicated above. If We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitution of the following in the Scheme is derived through legitimate sources only and is not held or designed for the purpose of contravention of any Act, and the purpose of contravention of any Act, and the purpose of contravention of any Act, and the purpose of contravention of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws of the applicable laws enacted by the Government of India from time to time. If We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Custor process is not completed by me/us to the satisfaction of the Fund, I/we hereby authorize the Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. If We have not received nor have been induced by any rebate of directly or indirectly, in making this investment. The information given in / with this application form is true and correct and further agree to furnish such other further/additional information given		Nominee 3																								
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may be required by the Mahindra Manulife Investment Management Private Limited (Formerly known as Mahindra Asset Management Company Private Limited)(AMC) / the Funu ndertake to inform the AMC, the Fund/Registras and Transfer Agent (TRA) in writing about any change in the information furnished from time to time. That in the event, the above inform and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit inform/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/6, Trustees, AMC, its employees, and third party service providers, SEBI registered intermediaries for single updation/submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies include in limited to Financial Intelligence Unit-India (FIU-IND) etc. without any intimation/advice to me/us. If the transaction is delayed or not effected at all for reasons of incomplete or incommon intellection of the mode in the mode in the mode intelligence of the mode intelligence unit-india (FIU-IND) etc. without any intimation/advice to me/us. If the transactions is delayed or not effected at all for reasons of incomplete or incomplete or incommon intelligence in the provide of any dispute regarding the eligibility, validity and authorization of my/our transactions. The ARR holder (AMFI registered Distributor) has disclosed to me/us all the commissions or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommenced. In the provider of the provider of the AMC, its Registra & Transfer Agent and their authorized representatives to contact me/us through various communications of the modes (including phone / email / SMS) to address my/our consent to the AMC, its Registra & Transfer Agent and their authorized representatives to contact me/us	egulationy other rocess is revailing irectly or lay be rendertaken d/or an ordertaken d/or an order access of the layer of trace/us. 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Second Applicant

Third Applicant



KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

First time investors subscribing to the Scheme through SIP-NACH / Auto Debit to complete this form compulsorily along with the Main Application Form. (Please read 'Terms & Conditions for SIP through NACH / Auto Debit' overleaf) and general instruction 7.6. The Application Form should be completed in English and in BLOCK LETTERS only.

ARN & ARN Name	Sub Agent Bank Bran		Employee Uniqu Identification Numbe		/PMRN Name &		ternal Code for Agent / Employee	FOR OFFICE USE (TIME STAM				
ARN - 92245			E09253	36								
Consent for sharing Transaction Feed with RIA/PMRN under Direct Plan in the scheme(s) of Mahindra Manulife Mut EUIN Declaration (only where EUIN box is left blank employee/relationship manager/Sales person of the aboved	Applicable for investnual Fund, to the above me (Refer General Instru- stributor/sub broker or no	nents through Rentioned SEBI Regiction 1): [] I/Workwithstanding th	IA/PMRN only): I/W stered Investment Advisc e hereby confirm that th e advice of in-appropriate	le hereby give my/our r (RIA) or SEBI Register e EUIN box has been eness, if any, provided I	onsent to share/po ed Portfolio Manao ntentionally left b y the employee/re	rovide the transaction feed ger (PMRN). Ilank by me/us as this tra lationship manager/sales	d / portfolio holdings/ NA insaction is executed wit person of the distributor,	V etc. in respect of my/o thout any interaction or /sub broker.	ur investments advice by the			
Sign Here First/ Sole Applicant/ Guardian / PoA Holder		Sign Here		Applicant		Sign Here	Third Appli					
In case the purchase/ subscription amount is Rs. 10,000 or mo case of investments through SIP/Micro SIP are deductible only against the balance amount invested. Upfront commission shall (SIP/Top-Up SIP Micro SIP		ns opted in to recei of investment (i.e ovestor to the ARN	ve Transaction Charges, t . amount per SIP/Micro S Holder (AMFI registered I	he same are deductibl IP installment x No. of istributor) based on th	e as applicable froi installments) amo e investors' assessi	m the purchase/subscripti unts to Rs. 10,000/- or mo ment of various factors incl		investor in Mutual Fund to the Distributor. Transa I in 3-4 installments. Un ed by the ARN Holder.				
1. Investment and SIP Details: First / Sole In	nvestor Name											
Folio No.(Existing Unitholder)				KYC Ident	ification Nun	nber						
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PAYMENT THROUGH SINGLE CHEQUE	IULTIPLE CHEQUES	Refer Note (i) and general instr			rough single cheque, the che investment amount mentior						
□ New SIP □ Upgrade Existing SIP 1. Mahindra Manulife	SIP Installment Amount (₹)	Frequency	Monthly/ Qu	Days for Weekly arterly Frequer astruction 1(a))		Period	Frequency (Opti	Monthly & Quarte onal) (Refer instru CAP Details (Optional	ction 1b)			
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2. Mahindra Manulife		Monthly	1 2 3 4	5 6 7 8	9 End:	M M Y Y Y Y	Or	Or	(Default)			
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2. Demat Account Details (Optional)	•											
NSDL DP NAME			DP ID I	N		Beneficiary Ac	count No.					
The investors shall receive payments of Redemption	/ IDCW proceeds in t	he Bank Accou	nt linked to the Dem	Account No. at A/c. ^Refer G	neral instruction I	No 15 in the KIM for PAN/I	PEKRN. # Please attacl	n KYC proof if not alread	ly KYC validated			
Declaration: I/We have read and understood the contents of the Schabove mentioned Scheme - Plan(s) / Option(s) and agree to ablide by bank to honour the instructions as mentioned in the application form not be held responsible for any delay/wrong debits on the part of the the user institution of this mandate form responsible. I/We undertake has disclosed to me/us all the commissions (in the form of trail commi	eme Information Document the terms and conditions of I/We also hereby authorise bank for executing the Auto to keep sufficient funds in t	t and Statement of A f the same. I/We her bank to debit chard Debit instruction of the funding account of	dditional Information and t eby declare that the particu jes towards verification of tl fadditional sum on a specifi on the date of execution of si	ne terms & conditions of stars given above are corruits mandate, if any. I/We add date from my account anding instruction, I/We	IP enrolment throug ct and express my w gree that the AMC/I If the transaction is have not received no	h Auto Debit/NACH and agre illingness to make payment: Mutual Fund (including its af delayed or not effected at all r been induced by any rebate	e to abide by the same. I/We s referred through participa filiates), and any of its office for reasons of incomplete o or gifts, directly or indirectl	e hereby apply for enrolmer tion in NACH/Auto Debit. I, rs directors, personnel and r incorrect information, I/V y, in making this investmer	nt under the SIP of tWe authorise the I employees, shall We would not hold at. The ARN holder			
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UMRN						(Please √)	✓ CREATE	MODIFY ×	CANCEL			
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