

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 <b>eft blank) (Refer</b> tionally left blank by r	ortfolio holdi RN). <b>General Ir</b> 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) <sup>†</sup> (√)   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	— — — <del>}</del> <-		— — 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 <sub>)</sub>	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)
						<b>-</b> →	<		— 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	<b>3</b>	1 A	В 🗆 С	<b>2</b>	C   3	] A		<b>1</b>		<b>2</b> □ A [	B	]c	<b>3</b>	](
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	<b>on the chequ</b> be issued in fa	e <b>for lu</b> vour of '	<b>mpsum Inves</b> Mahindra Man	<b>itmen</b> 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
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