... continued overleaf



	N Name				t's ARN / nch Code			yee Unique n Number (RIA/	PMRN Cod	l Name 8 de			l Code nt/Empl		l	OR OF LY (TI		
ARN-1	46822	2																		
ARN Declaration - Upfront of Consent for sharing To portfolio holdings/ NAV etc. Portfolio Manager (PMRN). EUIN Declaration (onlexecuted without any interarelationship manager/sales prelationship manager/sales	ransaction on respect of where E ction or adv	n Feed wi f my/our invo EUIN box rice by the e	ith RIA/ estments is left to mployee/	PMRN under D plank) relations	(Applical Direct Plan in (Refer Ge	ole for the sc eneral	r investme heme(s) of M	ents throug Mahindra Manu on 1) I/W	t h RIA/F dife Mutua de hereby	PMRN o al Fund, to confirm	nly): o the ab that the	I/We her ove mention	eby give ned SEBI has beer	my/our co Registen	onsent to ed Investm	share/pr nent Adv blank by	rovide risor (I me/u	the tra RIA) or S s as this	nsactior EBI Reg transa	n feed istere
~					_							~								
First/ Sole Applicant/	Guardian	/ PoA Ho	older / I	Karta			Seco	nd Applica	nt						Third Ap	plican	t			
1. EXISTING UNIT H	DLDER I	NFORM	ATION	(If you	have exis	iting F	olio, pleas	e fill in folic	no. in t	his sect	ion an	d procee	d to sec	tions 8	and 11.)) (Refe	r Gei	neral Ir	struct	ion 2
FOLIO NO.:							The det	tails in our	records	under	the fo	lio numb	er men	tioned a	longsid	e will a	pply	for th	is app	licat
2. MODE OF HOLDIN If an application has more than investors fail to specify the mo	one investo de of holding	or (maximum g, then by de	three pe	mode of	holding will	s are re be treat	equired to spe ted as 'Joint' f		of holding		nitial app	olication for		er 'Joint' c	r 'Anyone :	or Surviv	/or'. Ar	nd in suc	h an eve	ent, if :
3. UNIT HOLDER INI NAME OF FIRST / So Mr. Ms. M/s.		•					•	o jointhol	ders)											
DATE OF BIRTH/INCOR	PORATIO	N ^{\$} (MAND	ATORY)	D	D M	М	YY	Y Y (Proof of	date of b	irth is M	landatory i	ı case of	minor) (ENDER	R Ma	ale [Fema	ale 🔃	Othe
SNAME and DOB/Date of	f incorpo	ration for	all the	Applic	ant(s) sh	ould b	e exactly	as per PAN												
PAN#/ PEKRN#							KYC Ider	ntification I	No (VIN	7J·										
Please attach PAN (_			140. (1411)	17.										
	ara cop	y and K	YC Pro	oof an	d #Refer	Gene	ral Instru				KRN aı	nd No 16	for K	C.						
GSTIN*	ard cop	y and K	YC Pro	oof an	d #Refer	Gene	ral Instruc	ction No 14	4 for PA	AN/PER		nd No 16	for K	/C.						
GSTIN* MAILING ADDRESS								ction No 14	4 for PA	AN/PER	nstruo	ction 3F.			al Instr	uctio	n 3 <i>A</i>	a)		
								ction No 14	4 for PA	AN/PER	nstruo	ction 3F.			al Instr	uction	n 3 <i>A</i>)		
				LICAN				ction No 14	4 for PA	AN/PER	nstruo	ction 3F.		Genera	al Instr		n 3 <i>A</i>	A)		
MAILING ADDRESS CITY	OF FIRS	T / SOLI	E APP	LICAN	IT (Mano	lator		*Fess should	4 for PA	AN/PER	nstruo	cords) (Refer	Genera			n 3 <i>A</i>)		
MAILING ADDRESS	OF FIRS	T / SOLI	E APP	LICAN	IT (Mano	de		ction No 14	4 for PA	AN/PER	nstruo	cords) (Refer	Genera			n 3 <i>A</i>	N)		
CITY CONTACT DETAILS OF	OF FIRS	T / SOLI	E APP	LICAN	STATE	de s.		*Fess should	4 for PA	AN/PEk	nstruo	cords) (Refer	Genera	PIN CO				PO	
CITY CONTACT DETAILS OF Mobile No. #Select appropriate	OF FIRS	T / SOLI	E APP	LICAN	STATE untry Coo	de s.	y) (Addre	stion No 14	4 for PA Refer Ge I be as	AN/PEK eneral I s per K	YC re	Telepho	Refer one: Of ax D py of th	Genera f. PN	PIN CO	DE CD			,	nerec
CITY CONTACT DETAILS OF	OF FIRST /:	SOLE APP	E APP	LICAN SE	STATE untry Coo	dde ss.	y) (Addre	stion No 14	4 for PA Refer Ge I be as e	AN/PEK eneral I s per K	nstruce pl	Telepho	Refer one: Of ax output py of the tavaila	f. PN	PIN CO	DE CD	ridge	d Sumi	mary tl	
CITY CONTACT DETAILS OF Mobile No. "Select appropriate ^Email Id	OF FIRST /: validatio	SOLE API	E APP	LICAN SE	STATE untry Coo	de S.S.	y) (Addre	stion No 14	e S I/we wiss (Applica	AN/PEk eneral I per K sper K	nstruce pl	Telepho	Refer one: Of ax o py of the tavaila and other	f. PN	PIN CO	DE CD	ridge	d Sumi	mary tl	
CITY CONTACT DETAILS OF Mobile No. #Select appropriate ^^Email Id ^^ On providing email-id inv	OF FIRS FFIRST /: validatio estors sha validatio & Mobile	SOLE API	PLICAN	LICAN SE SE	STATE untry Coo Re SF	de orana	y) (Addre	STD Code	4 for PA Refer Ge I be as E I/we wis (Applica of/ accounts)	an/PEk eneral I s per K ch to recible only unt state	nstruce YC re DP Deleive planets/	Telepho	none: Officax) py of tr t availa and other	F. PN PN PN PN	PIN CO 1 1 Report ents by 6	DE CD CO Abr	ridge	d Sumi	mary ti	ction
CITY CONTACT DETAILS OF Mobile No. #Select appropriate ^^Email Id ^^ On providing email-id inv. #Select appropriate #Select appropriate	of FIRS FIRST/ validatio estors sha validatio & Mobile lian, PO -	SOLE API	PLICAN	LICAN SE SE	STATE untry Coo Re SF	de orana	y) (Addre	STD Code	4 for PA Refer Ge I be as E I/we wis (Applica of/ accounts)	an/PEk eneral I s per K ch to recible only unt state	nstruce YC re DP Deleive planets/	Telepho	none: Officax) py of tr t availa and other	F. PN PN PN PN	PIN CO 1 1 Report ents by 6	DE CD CO Abr	ridge	d Sumi	mary ti	ction
CITY CONTACT DETAILS OF Mobile No. "Select appropriate ^^ Email Id ^^ On providing email-id inv "Select appropriate "Select appropriate "Description of Email PM - PMS, CD - Custor	of FIRST /: validatio validatio & Mobile lian, PO -	SOLE API	PLICAN	LICAN SE SE	STATE untry Coo Re SF	de orana	y) (Addre	STD Code	4 for PA Refer Ge I be as E I/we wis (Applica of/ accounts)	an/PEk eneral I s per K ch to recible only unt state	nstruce YC re DP Deleive planets/	Telepho	none: Of	F. PN PN PN PN	PIN CO 1 1 Report ents by 6	DE CD CO Abr	ridge	d Sumi	mary ti	ction
CITY CONTACT DETAILS OF Mobile No. "Select appropriate "Select appropriate "Select appropriate "Select appropriate "Select appropriate "Description of Email PM - PMS, CD - Custor Overseas Address" Overseas Address" Overseas Country" """Mandatory for NRI,	of FIRS FFIRST /: validatio estors sha validatio & Mobile fian, PO -	SOLE API Il receive si n code validati POA	PLICAN cheme w	SE SE SE SE	STATE untry Coo Re SF ual report SF: - Self, S	de s.s.	y) (Addre	STD Code	e I/we wis (Applica of account) Sent Child	AN/PEN eneral I s per K s per K characteristics charac	nstruc YC re	Telepho GI Ostatutory GI Sependent	nne: Official and other other other official and other o	F. PN e Annua ble) er docum PN gs, DP	PIN CO	CDE COT Abi	ridge	d Sumi	mary ti	ction
CITY CONTACT DETAILS OF Mobile No. "Select appropriate "A On providing email-id inv. "Select appropriate "Description of Email PM - PMS, CD - Custod Overseas Address" Overseas Country" """ Mandatory for NRI	of FIRS FIRST /: validatio estors sha validatio & Mobile dian, PO - (Oversea	SOLE API Il receive si n code validati POA	PLICAN cheme w	SE SE SE SE	STATE untry Coo Re SF ual report SF: - Self, S	de s.s.	y) (Addre	STD Code	e I/we wis (Applica of account) Sent Child	AN/PEN eneral I s per K s per K characteristics charac	DP DP SS - De	Telepho GI Ostatutory GI Sependent	nne: Officax) py of tr't availa and other) Sibling	f. PN e Annuz ble) er docum PN gs, DP	PIN CO	CD C) ridge defer	d Sumi	mary tl	ardi
MAILING ADDRESS CITY CONTACT DETAILS OF Mobile No. "Select appropriate ^^Email Id ^^ On providing email-id inv. "Select appropriate "Description of Email PM - PMS, CD - Custor Overseas Address." Overseas Address." Overseas Country." """Mandatory for NRI, """Mandatory for NRI, """Head Office: Unit No.	of FIRS FIRST /: validatio estors sha validatio 8 Mobilu dian, PO -	SOLE API Il receive so n code e validati POA s Applica	PLICAN cheme w ion coc ants	LICAN SE SE SE Pirama	STATE untry Coo Re SF ual report SF - Self, S	de s. s. o or an a a	y) (Addre	STD Code STD Code Do Depende	e I/we wis (Applica of account) Sent Child	AN/PEN eneral I s per K s per K characteristics charac	DP DP SS - De	Telepho GE Telepho GE Telepho GE Telepho GE Telepho Te	nne: Officax) py of tr't availa and other) Sibling	f. PN e Annuz ble) er docum PN gs, DP	PIN CO	CD C) ridge defer	d Sumi	mary tl	ardia
MAILING ADDRESS CITY CONTACT DETAILS OF Mobile No. "Select appropriate ^^Email Id ^^ On providing email-id inv. "Select appropriate "Description of Email PM - PMS, CD - Custor Overseas Address." Overseas Address." Overseas Country." """Mandatory for NRI, """Mandatory for NRI, """Head Office: Unit No.	of FIRS FFIRST /: validatio estors sha validatio & Mobile dian, PO - 'Oversea 204, 2nd F Dunction, K	SOLE API Il receive si n code e validati POA s Applica	PLICAN cheme w ion coc ants	LICAN SE SE SE Pirama	STATE untry Coo Re SF ual report SF - Self, S	de s. s. o or an a a	y) (Addre	STD Code STD Code Do Depende	e I/we wis (Applica of account) Sent Child	AN/PEN eneral I s per K s per K characteristics charac	DP DP SS - De	Telepho GE Telepho GE Telepho GE Telepho GE Telepho Telepho GE Telepho	nne: Officax) py of tr't availa and other) Sibling	F. PN Le Annua ble) er docum PN gs, DP	PIN CO	DE CD CO Abr)) oridge defer)) Parei	d Sumi	PO - Gu	ardia

mahindra	
III Manulife	MUTUAL

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / PoA HOLDER Mr. Ms. M/s. Mobile No. PAN#/ PEKRN# KYC Identification No. (KIN): Please attach PAN Card copy and KYC Proof (Mandato Relationship with Minor **Please** (🗸) 🗌 Father 🔲 Mother 🔲 Court appointed Legal Guardian DATE OF BIRTH OF GUARDIAN It is mandatory to provide DOB of Guardian and Proof of relationship with minor ADDITIONAL DETAILS REQUIRED (in case of non-individual Investors) Contact Person Name Designation Mobile No. Email 4. JOINT APPLICANT DETAILS, If any (Refer General Instruction 3) (in Case of Minor, there shall be no joint holders) I. NAME OF SECOND APPLICANT Mr. Ms. M/s. GENDER ☐ Male ☐ Female ☐ Other PAN#/ PEKRN# KYC Identification No. (KIN): Please attach PAN Card copy and KYC Proof (Mar SE SP DC DS DP GD PM CD PO DATE OF BIRTH Mobile No. SE SP DC DS DP _|GD| PM CD ^^Email ID II. NAME OF THIRD APPLICANT Mr Ms. M/s. GENDER ☐ Male ☐ Female ☐ Other PAN#/ PEKRN# KYC Identification No. (KIN): Please attach PAN Card copy and KYC Proof (Mandatory) SE SP DC DS DP GD PM CD PO Mobile No. DATE OF BIRTH ^^Email ID SE SP DC DS DP GD PM CD PO Mandatory 5. APPLICANT DETAILS (Mandatory) (Refer general instruction 3) 5a. Status of Applicants (Refer General Instruction 3D) [Please (/) one] ☐ Resident Individual Sole/First Applicant □ NRI-Repatriation □ OFI □ Partnership □Trust □HUF □AOP □PIO ☐ Private Ltd. ☐ Individual LLP ☐ Bank ☐ FI ☐ Society / Club ☐ Public Ltd. ☐ Body Corporate □ NRI-Non Repatriation □ BOI □ OCI ■ Non Individual ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others ☐ Foreign National Resident in India ☐ On Behalf of Minor ☐ FPI (Please specify) Second Applicant ☐ Resident Individual ☐ NRI-Non Repatriation ☐ PIO ☐ Foreign National Resident in India ☐ NRI-Repatriation ☐ Individual ☐ Others (Please specify) Third Applicant Resident Individual ☐ Foreign National Resident in India ☐ NRI-Repatriation ☐ NRI-Non Repatriation □ PIO ☐ Individual ☐ Others (Please specify) *Non-Profit Organization [NPO] to provide the following declaration: We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). Tes No (Attach documentary evidence) If yes, please quote the NPO Registration Number provided by DARPAN portal. (If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.) 5b. Occupation Details [Please tick (/)] □ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Student Professional ☐ Housewife ☐ Business Sole/First Applicant Please select any one ☐ Retired ☐ Agriculturist □ Proprietorship Others (Please specify) ☐ Student ☐ Professional □Housewife ☐ Business □ Private Sector Service ☐ Public Sector Service ☐ Government Service Second Applicant Please select any one ☐ Retired □ Proprietorship Agriculturist Others (Please specify) ☐ Professional Third Applicant □ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Student □Housewife Rusiness Please select any one □ Retired \square Agriculturist □ Proprietorship ☐ Others (Please specify) 5c. Gross Annual Income / Net-worth (Rs.) ☐ 10 - 25 Lakhs ☐ Below 1 Lakh ☐ 1 - 5 Lakhs □ 5 - 10 Lakhs ☐ 25 Lakhs - 1 Crore ☐ >1 Crore Sole/First Applicant **Gross Annual Income** (Mandatory for Non-Individuals) Rs. (Not older than 1 year) Please select any one or Net-worth Second Applicant Gross Annual Income ☐ Below 1 Lakh ☐ 1 - 5 Lakhs ☐ 5 - 10 Lakhs □ 10 - 25 Lakhs ☐ 25 Lakhs - 1 Crore □>1 Crore Please select any one Third Applicant Gross Annual Income ☐ Below 1 Lakh ☐ 1 - 5 Lakhs ☐ 5 - 10 Lakhs ☐ 10 - 25 Lakhs ☐ 25 Lakhs - 1 Crore >1 Crore Please select any one Scheme Name Select your plan Select your Option / Sub-option / Facility 🗌 Regular Plan ☐ Direct Plan ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment Cheque / DD / Payment Instrument No. & Date Drawn on (Bank and Branch) Amount in Figures (Rs.)

Total

5d. Politically Exposed	Person (PE	P) Status	(Also a	pplicable for a	uthor	rised signa	atories,	/ Promo	ters/ Kai	ta/Tru	stee/W	Vhole tin	ne Dire	ctors)				
Sole/First Applicant (P	lease selec	any one)	□Iam	a PEP		□ I am F	Related	to a PE	ΕP		Not Applicable							
Second Applicant (Plea	ise select a	ny one)	□Iam	a PEP		□I am F	Related	to a PE	ĒΡ		lot App	olicable						
Third Applicant (Please	select any	one)	□Iam	a PEP		□ I am F	Related	to a PE	ΞP		lot App	ot Applicable						
6. FATCA and CRS DETAI	LS For Indiv	iduals (Ma	ndatory)	Non Individua	l inve	stors incl	uding F	HUF sho	uld mand	latorily	rily fill separate FATCA/CRS form							
	Sole	/First App	licant/G	iuardian		s	econd	Applica	ant		Third Applicant							
Place of Birth																		
Country of Birth																		
Nationality	☐ Indian ☐ I				_	dian 🗌 U.S.								s, please s				
Tax Residence Address Type (as per KYC records)	∐ Residenti	al 🔲 Regist	ered Office	e 🗌 Business	□ Re	esidential [_ Regist	ered Offic	ce 📙 Bus	iness	∐Res	idential L	_ Regist	ered Offic	——— E ∐ Bi	usiness		
Are you a tax resident (i.e., an you assessed for Tax) in	☐ Yes/ ☐ N	0			☐ Ye	es/ 🗌 No			_,		☐ Yes,	/ 🗌 No						
any other country outside India?				ountries (other Respective cour		ndia) in whi	ch you a	are a Res	ident for t	ax purp	oses i.e	., where y	ou are a	Citizen/	Resider	nt/ Green		
Country of Tax Residency	(1)				(1)						(1)							
	(2) (3)				(2)						(2) (3)							
Tax Identiification Number OR Functional Equivalent	(1)				(1)						(1)							
Ort anedonal Equivalent	(2)				(2)						(2) (3)							
Identification Type (TIN of other, Please	(1)				(1)						(1)							
specify)	(2) (3)				(2)						(2) (3)							
If TIN is not available, please tick the reason A,B,	1	2		3	1		2		3		1		2		3			
or C (as defined below) Reason A→The country where the	□ A □ B □			□ A □ B □ C		□В□С		B□C		С		В□с		∣B □ C neral Instri]B□C		
7. BANK ACCOUNT (PA) Mandatory information from the bank account proceeds shall be credit For unit holders opting to hold	- If left bla mentioned ted only in	nk the ap under Se the verifi	plication ection 8 ed bank	n is liable to b below.) Irresp account of tl	e rejo ectiv ne mi	ected. (M ve of the nor or a	andato source joint ac	ry to at of pay count	ttach pro ment for of the m	oof, in o subso inor w	case tl riptionith	n on be	half of	minor, a	all red			
Bank Name																		
Account No.						MICR Co	ode					n	The 9 digit ext to the	code appe cheque nu	ars on you	our cheque		
Branch Address										E	Branch City							
Account Type (Please ✓) [☐ Savings [Current	□NRO	□NRE □FC	NR	☐ Others	(please	specify)										
IFSC Code*** Unitholders will receive redempt 8. INVESTMENTS & PA Payment Details) The na PLEASE REFER KIM.	YMENT DE	TAILS [Pl irst/ sole a	ease (🗸	leaf. If y into their bank action [] (Refer Inst. must be pre-p	ou do i count ruction	on 6 for d on the c	on your o d in Sect Schem theque	cheque lea ion 7) via ne detai for lump	af, please cl Direct cred ils and li psum Inve	neck for t/ RTGS/ nstructestmen	the sami NEFT fa tion 4 t/ SIP	e with you cility unles & 7 fo Registra	r bank) ss specifie r Payn ation. FO	ed otherwi nent and OR DEFA	se in wri	ting. d Party PTIONS,		
NOTE: In case of, Payment t below and the cheque/DD de								al invest	ment am	ount m	entioned							
Payment Type:	Non-Thir	d Party Pa	yment	□ π	ird Pa	arty Paym	ent (Ple	ase attac	h 'Third Par	ty Payme	ent Decl	aration Fo	rm')					
Payment Through:	Single Ch	eque		☐ M	ultiple	Cheques	(Refer ins	struction 4	4D)									
	One time	Lumpsum	Investme	nt 🗌 Sy	stema	atic Investr	ment Pla	an (Attacl	h Common	SIP/TOP-	UP SIP ı	registratio	n/upgrade	e cum debi	t manda	te form)		
*LEI No.										Valid	d upto:							
*The Legal Entity Identifier (LEI) Bank-run Centralised Payment S																		
Dividend) of value ₹ 50 crore an). III absence	: OI LEI, U	ne Fund	WILL FIOL DE	e able to i	паке рауп	ients (Ri	euempuon		
Scheme/Plan/Option/ Sc	ıb-option	Investme	nt Amour	DD nt Charges, if any	Net DD/ Cheque Amount Cheque/ DD/Fund Tra Payment Instrume RTGS / NEFT Refer OTBM Facility^ & D							Draw Bank/ E			ount			
Mahindra Manulife																		
Mahindra Manulife																		

Demat /	Account details are mandat		tor wishes to hold	the units in Demat N		11) t the sequence of the names as mentioned in provide a copy of the DP statement to enable
NSDL	tch the demat details as s		·	DP ID I	1	Beneficiary Account No.
CDSL	DP NAME				Beneficiary Account No.	
	in the event of my / our	death. [As per o	details given below] - Applicable for Inc	dividual Unitholders on	on-mandatory Details
(Reco	Jame of Nominee(s) mmended else read and the declartion below)	Relationship with Applicant	Date of Birth & Name of Guardian	Proportion (%) in which the units will be shared	Address of Nominee(s)/ Guardian in case of Minor	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]
	,	(If any)	(in case the Nominee is a minor)	by each Nominee (should aggregate to 100% - Any odd lot after division shall be transferred to the first nominee mentioned in the form.)	Mobile / Telephone No. / Email ID of nominee(s) /Guardian in case of Minor	□ Photograph & Signature □ PAN □ Aadhaar (masked - only last 4 digits visible) □ Saving Bank account no. □ Proof of Identity □ Demat Account ID
	Nominee 1					
	Nominee 1 Nominee 2					

[Please (/)] I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) in my / our MF Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

11. DECLARATION & SIGNATURE/S (Refer Instruction 12)

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 with 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 related documents (i.e. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of Schemes of Mahindra Manulife 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 Constitutive documents/ authorization(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, Rules, 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 Laws or any 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 Customer" 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 NAV 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 gifts, 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 as may be required by the Mahindra Manulife Investment Management Private Limited (AMC) / the Fund and undertake to inform the AMC / the Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. That in the event, the above information 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 in any form/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/s, Trustees, AMC, its employees, agents and third party service providers, SEBI registered intermediaries for single updation, submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not 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 incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby authorize and provide my/our consent to the AMC, its Registrar & Transfer Agent and their authorized representatives to contact me/us through various communication modes (including phone / email / SMS) to address my/our investment related queries and/or receive communications pertaining to my/our financial transactions/ non-financial transactions/ promotional/ potential investments and other communications/ materials about the mutual fund products and services offered by the Fund, irrespective of my/our blocking preferences with the Customer Preference Registration Facility, I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only). I / We confirm that I / We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada. I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ ITS DISTRIBUTOR FOR THIS INVESTMENT. I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. FATCA Declaration: I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities. Applicable to NRIs only: I / We confirm that I am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I / We confirm that the details provided by me / us are true and correct.

SIGNATURE(S)*

(Diseas vuite Application Form No.	/ Falia Na. an Alas varranas af Alas Clasaria	/ Damand Dung / Du	
(Please write Application Form No.)	/ Folio No. on the reverse of the Cheque ,	/ Demand Draft / Pa	ayment Instrument.)

First/ Sole Applicant/ Guardian / PoA Holder / Karta	Second Applicant	Third Applicant



Maximum period of validity of this mandate is 40 years only.

COMMON SIP/ TOP-UP SIP REGISTRATION/ UPGRADE CUM DEBIT MANDATE FORM

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 6. The Application Form should be completed in English and in BLOCK LETTERS only.

	ARN & ARN	N & ARN Name Sub Agent's ARN / Employee Unique Identification Number (EUIN) N & ARN Name Sub Agent's ARN / Employee Unique Identification Number (EUIN)									Internal Code for Sub-Agent / Employee (TIME S																					
ARN Declaration	n - Upfront co	nmiss	on shal																													
Consent for sharin Direct Plan in the s EUIN Declaration	cheme(s) of Mat (only where EU	iindra M N box i	anulife M s left bla	lutual Fun ı nk) (Refe	d, to th r Gene	e above ral Instr	mentior uction:	ned SEBI F 1): ☐ I/We	Registi e here	ered Inv by conf	estmer firm tha	nt Adv at the	isor (R EU I N I	IA) or oox ha	SEBIR s been	egistere intentic	d Port mally I	tfolio Ma left blan	anage k by r	r (PMF me/us	RN). as th	is trai	nsacti	on is e	ecute	d with	nout a	ny inte				
relationship manag	er/sales person (of the a	oove dist	ributor/sul	o broke	r or not	with sta	nding the	advic	e of in-a	appropr	iaten	ess, if a	ıny, pr	ovided	y the e	mploy	ee/relat	ionsh	ip man	ager/	sales	perso	n of th	e distri	butor	/sub t	roker.				
	First/ Sole Ap	olicant	/ Guard	lian / Po	A Hol	der / K	arta		—	-	~				econo	Applio	cant					-					Th	rd App	olicant	;		
(√) □ SIP/ Top	-Up SIP	Micro	SIP [_ Chang	e in Ba	ınk Accı	ount fo	r Auto D	ebit (Procee	ed dire	ctly	to fill	the N	IACH n	andate	and	provide	e a ca	ancell	ed cl	hequ	e)									
. Investme	nt and SIE	Det	aile: D	irct /	Sole	Invo	stor	Na	me																							
					_		J			<u> </u>	_								-													
olio No.(Exist	ing Unitholo	er)												KY	. Iden	tifica	tion	Numb	er													
'AN / PEKRN'								Enclo	osed	(√) #k	KYC Pi	roof		Exis	ting U	MRN																
PAYMENT THRO	DUGH 🗆 SI	NGLE (CHEQUE	□MU	LTIPL	E CHEC	UES	Refer N	lote	(i) and	gener	ral in	struct	ion 4	I D.	case of, anulife N	Payme 1F Mult	nt throug iple Sche	n sing me' fo	le cheq r the to	ue, for Ital inv	r invest vestme	tment i nt amo	n more 1 unt mei	han 1 S	cheme below	e the c	heque/D e chequ	D should e/DD det	be issue ails need	d in favo I to be fi	ur of 'Mal led only o
□ New SIP □ L	pgrade Exist	ing SI	P			llment	Free	quency	Τ						Week					Per	iod			T	Top-l							quenc
1. Mahindra Ma	nulife			_ ^	moun	t (₹)				М					reque ı 1(a))	ncy								To	o-Up I			l) (Re				b) Freque
				-			□ v	Weekly		Mon [Tue	□W	ed (De	efault	t) 🗆 T	nu 🗆 I	-ri	Start:	М	М	V I	v I	/ I v		mour				Amo			 □ Year
				-				Monthly	1	2	3 4	5	6	7	8	10	11	End:	14	1. ² 1				1	Or		7		Or		ן נ	(Def
							`	Default) Duarterly	12	13									[M]	ID D	Υ	Y Y	Y Y		ercer		2	CAF	Mon		r_	□Half
Cheque Date_				-				Quarterly	23	24	25 26	5 27	28	29	30	1		Ensur more					s no	1			ᅦ	ММ	1 Y	ΥY	Υ	yea
□ New SIP □ l		_						Weekly		Mon [□Tue	□W	led (D	efaul	t) 🗆 1	hu 🗆	Fri	C+- ·	h -	1	.,1	υI.	, [.	Δ [mour	η <u>†</u> *(₹\	,	۲Δι	o Amo	unt* (3	5	Year
2. Mahindra Ma	anulife			-				Monthly Default)	1	2	3 4	. 5	6	7	8	10	11	Start:	М	М	Y I	YIN	ΛΙΥ	: É							ם [(Def
				_						13	14 15	5 16	17	18	19 [0 21	22	End:	М	М	Υ .	Y	/ Y	P	Or ercer		2	CAF	Or Mon		r	□ Half
Cheque No				-				Quarterly		24	25 26	5 27	28	29	30 3	1		Ensur more					s no	t			4	MP	1 Y	ΥY	Υ	yea
Cheque Date_				_										_																		
2. Demat Ad NSDL	DP NAME		(Opt	ional)				P ID		N		\top	_					Ben		inn	. ^-		ınt l			Т						
CDSL	DP NAME						_	enefic	ļ <u>-</u>		oun	t No).					Dell	CIIC	lai y	1			10.			1					
o abide by the saviven above are of the saviven above are of the saviven above are of the saviven above as one of the saviven above as one of the saviven above as one of the saviven above abov	correct and exprise bank to of for any delay/ plete or incorrection and the payable to hir	press lebit c wrong ect inf ved no n/ther	my willi narges t debits ormatio or been n for the	ngness towards on the pa on the pa on, I/We winduced e differer	to mak verific art of vould r by an	ke payn ation of the bar not hold y rebate npeting	nents r this m k for e I the us or gif Schem	referred nandate, executin, ser instit ts, direct nes of va	throu if and g the cution tly or arious	ugh pa y. I/We e Auto n of thi r indire s Mutu	agree agree Debit is man ectly, ir	ation that instr date n mai nds fr	in NA the A ruction form king t rom a	CH/A MC/I n of a respo his ir mong	Mutual Mutual additio onsible ivestm gst wh	ebit. I/V Fund I nal sur . I/We I ent. Th	We au (inclu n on under ie AR	ithorise iding its a speci take to N hold eme is	e the s affil ified o kee er ha being	e bank liates date ep suff as dis g reco	to I), and from ficier close omm	ed to ende	ur the of it accounds in me/ed to	e inst s offic unt. If the fi us all me/us	ructic ers di the t undin the c	ens a recto ransa g acc omm	is me ors, p actio count nissio	ntione ersonr n is de on the ns(in t	ed in the and layed e date he for	ne app I emplor not of exe m of t	licatio oyees, effect cutior rail co	n form shall n sed at a of stai mmissi
First/ Sole A	Applicant/	Guar	dian /	PoA F	lolde	r / Ka	arta				:	Sec	ond	App	licar	t				- -					-	Thir	d A	oplic	ant			
				Se									. TEAF	R HER	E											>	۔ ع<					
nahindra Manulife	MUTUAL FUND			J	-		Or	ne Tir	me	Bar	ık M	lan	dat	e (1	IACH/	Direct	Debi	it Man	date	Forn	n)				Da	ite:	D	D	М	М	YY	Y
JMRN	FOND						Τ		Т			Т		Т						(P	leas	e 🗸)	[,	CR			_ _	MOD	IFY		× CA	NCEL
Sponsor Bank C	nde 🗍		Offic	0 1164 01				1								ī	Jtility	/ Code	ĪΝ	T _A	С	Н	οТ	0 0	Го	То	То	Ю	o c	То	3 :	2 6
/We hereby a		_	1ahin	dra M	anul	ife M	utus	l Fund			to (dehi	it (Pl	eas	e .(1)	Г	SB	Пса	_]cc [_						
Bank A/c No				ui a m	anu		L	run	<u>.</u>					l		무	7	с.		,				sc [T					T
vith Bank	[Bar	ık Namı	e & Brand	ch														11	ا کا	MIC	L R [
n amount of Ru	ıpees							In Wor	ds														₹	:			_	- Ir	ı Figur	es		
requency: -		_ <u>X</u>	Quart	erly	X	Half Ye	arly	$ \times$	Year	'ly	1	As	& wh	en pr	esent	ed					Del	bit Ty		\square	Fixed	Amo	ount		Maxi		Amou	nt
Folio No. I agree for the deluthorising the user entity/Corporate or 1	oit of mandate p entity/Corporate the bank where I	ocessir to debit	g charge my acco	s by the b unt, based debit.	ank wh on the	om I am instructi	authoriz ons as a	zing to del greed and	bit my I signe	/ accour ed by me	nt as pe e. have	er late under	st sche	edule that [of char am auth	es of th	ne ban o cano	iks. 2.T cel/ame	his is end th	to cor nis man	nfirm Idate I	that t by app	the de oropria	PA claration	L	been icatin	carefi g the	ılly read	d, under	stood & nendme Distribut	k made nt requ	by me/u est to th
	DD / MI	4_/	<u> </u>																													,
O From .	DD / MI	4_/_	YYYY			Signati	ure of	Primary	Ban	k Acco	ount F	Holde	er	_		Signat	ure o	f Bank	: Acc	count	Holo	der				Sig	gnatı	ıre of	Bank /	Accou	nt Hol	der
hone				Ī	_		Nam	ne as in	hank	recor	rdc			_		N	ame	as in b	ank	recor	rde						N	ıme as	in ha	nk rac	orde	

Terms & Conditions for SIP/ Top-Up SIP

1 (a). SIP facility is offered by the Scheme subject to following terms and conditions:

	Frequency available (Default day	for weekly frequency: Wednesday), (Default	Frequency: Monthly)						
Particulars	Weekly								
SIP Transaction Dates	Any day of the Week (except Saturday & Sunday)		Any date*						
Minimum no. of installments and Minimum amount per installment	For MMKBY - 6 installments of Rs. 500/- each and in multiples of Rs. 500/- t For MMMAP - 6 installments of Rs. 1,000/- each and in multiples of Re. 1/- t For schemes other than MMMAP & MMKBY-6 installments of Rs. 500/- eacl	W - 6 installments of Rs. 500/- each and in multiples of Rs. 500/- thereafter; For MMKBY - 4 installments of Rs. 1500/- each and in multiples of Rs. 500/- thereafter; Por MMKBY - 4 installments of Rs. 500/- thereafter;							
Mode of Payment	ational Automated Clearing House (NACH) Facility and Direct Debit mandate through select banks with whom AMC may have an arrangement, from time to time.								

• If any SIP installment due date falls on a non-Business day, then the respective transactions will be processed on the next Business day. However, in case the chosen date is not available in a particular month, the SIP will be processed on the last day of that month. Eg, if selected date is 31st, SIP installment for the month of September will be processed on 30th September. However, if 30th September happens to be a Non-Business Day, the SIP will be processed on the immediate next Business Day. Note: Anyone or more SIP transaction dates from the available dates can be selected by the Unit Holders under the Monthly and Quarterly frequencies. SIP amount (including Top Up) will be restricted to amount mentioned in Direct Debit / NACH Mandate Form. Any day of the week or more day(s) can be selected by the Unit Holders under the Weekly frequency.

MMKBY: Mahindra Manulife ELSS Tax Saver Fund; MMMAP: Mahindra Manulife Asia Pacific REITs FOF;

1 (b). Top-Up SIP Specifications facility available for monthly and quarterly frequencies only

Doublands	Minimum Top-up ins	Minimum Top-up installment								
Particulars	For schemes other than MMKBY	For MMKBY	For Monthly SIP	For Quarterly SIP						
Top up by Amount	Rs. 100 and in multiples of Rs 100 thereafter	Rs. 500 and in multiples of Rs 500 thereafter	• Yearly • Half Yearly • Yearly							
Top up by Percentage	10% and in multiples of 1% thereafter. Rounded off to nearest next multiple of Rs 10	Not available	• Yes	arly						

Note: Existing investors will be required to submit a request for upgrade from SIP to Top-up SIP at least 10 calendar days prior to the next SIP date. In case of Monthly SIP, if the investor has chosen half-yearly Top-Up frequency, the SIP amount will increase after every 6 SIP monthly cycle dates by the amount indicated and if the investor has chosen Yearly Top-Up frequency, the SIP amount will increase after every 12 SIP monthly cycle dates by the amount percentage indicated. For Quarterly SIPs, only Yearly frequency is available for Top-up and the SIP amount will increase after every 4 SIP quarterly cycle dates by the indicated amount / percentage. If the Investor does not specify either the Top-up amount/percentage or specifies both, the SIP application will be processed by default with the Minimum Top -up installment amount as per above table. The Top-up details cannot be modified once enrolled. In order to make any changes, the Investor must cancel the existing SIP and enroll for a fresh SIP with revised Top up details.

Investors/Unitholders are also requested to note that, in case of cancellation/discontinuation of SIP enrolment, any SIP Top-Up enrolment linked with the underlying SIP (whether existing OR future Top-Ups) shall also stand cancelled.

Default options: Default day for weekly frequency - Wednesday Default Top-up frequency - Wonthly Default Date (for both monthly and quarterly frequency) - 10th Default Mode - Top-up by amount. Default Top-up frequency - Yearly.

- 2. For New / Existing investors if 1st SIP Installment is through NACH mandate kindly attach Blank cancelled cheque or Copy of cheque.
- 3. Ensure the duration in the SIP Registration as well as Debit Mandate form is not more than 40 years.
- 4. a. SIP Cap Amount: Investor shall have an option to freeze the SIP installment amount (including Top-ups applied at periodic intervals) by specifying a SIP Cap amount. The SIP Cap amount shall be less than or equal to the amount mentioned by the Investor in the NACH Debit Mandate. In case the SIP Cap amount specified by the Investor is higher than the NACH Debit Mandate amount, then the amount mentioned in the NACH Debit Mandate shall be considered for applying Top-ups and processing of SIP installments until the end of SIP tenure.
 - b. SIP Cap Month-Year: Investor shall have an option to freeze the SIP installment amount (including Top-ups applied at periodic intervals) from a prespecified month and year. From this prespecified month and year onwards, the SIP Top-Ups will be discontinued and the last topped up SIP installment will remain constant until the end of SIP tenure.

Note: Investor shall have a flexibility to choose either SIP Cap Amount or SIP Cap Month-Year. In case of multiple selections, SIP Cap amount will be considered as default selection.

- 5. The first installment will be processed at Applicable NAV based on the timing of credit receipt of funds to the bank account of the Scheme before the cut-off time i.e. available for utilization before the cut-off time as stated in KIMS/SIDs. There should be a gap of at least 30 calendar days between the first SIP installment and the second SIP installment / SIP Auto Debit "Start" date mentioned in the debit mandate form. The SIP Auto Debit shall start from the selected "Start" date mentioned by the investor, subject to completion of successful SIP Auto Debit mandate verification and registration formalities at least 10 calendar days prior to the "Start" date specified in the debit mandate form.
- 5. In case of MMKBY each SIP installment will be subject to a Lock In period of three years from the date of allotment of Units.
- 7. In case of auto cancellation, the below given uniform timeline for treating a SIP as closed/cancelled will be adopted by the AMC

S No.	SIP Frequency	No. of failed debit attempts prior to cancellation of SIP
1	Weekly, Monthly	3
2	Quarterly	2

- 8. SIP registered for more than one day or all days of the week under the Weekly frequency OR one date or all dates of the month under the Monthly / Quarterly frequency, will be considered as separate SIP instruction for the purpose of fulfilling the "Minimum no. of installments" criteria.
- 9. SIP in a folio of a minor will be registered only upto the date of minor attaining the majority even though the instruction may be for the period beyond that date.
- 10. The Load structure prevailing at the time of submission of the SIP application (whether fresh or extension) will apply for all the Installments indicated in such application.
- 11. AMC will ensure cancellation of auto-debit/SIP within 10 calendar days of such request submitted by the investor.
- 12. The facility will be automatically terminated upon receipt of intimation of death of the Unit holder.
- 13. The investors can also subscribe Units through SIP in Demat (electronic) mode for the Scheme However the Units will be allotted based on applicable NAV of the Scheme and will be credited to investor's Demat (Beneficiary) Account on weekly basis on realization of funds, eg. Units will be credited to investor's Demat (Beneficiary) account every Monday (or next business day, if Monday is a non-business day) for realization status received in last week from Monday to Friday.
- 14. Investors will not hold Mahindra Manulife Mutual Fund / Mahindra Manulife Investment Management Private Limited (MMIMPL), its Registrar and other service providers responsible, if the transaction is delayed or not affected or the investor's bank account is debited in advance or after the specific SIP date.
- 15. The first cheque should be drawn on the same bank account which is to be registered for Debit. Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which Debit is registered.
- 16. Mahindra Manulife Mutual Fund / MMIMPL, it's Registrar and other service providers shall not be responsible and liable for any damages/ compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
- 17. Top-Up SIP facility is available only through NACH debit mandate. For Upgrading fill complete information for active SIP. In case of Quarterly SIP and Percentage based Top up, only Yearly Top-up frequency is available. Percentage based Top-up feature is not available for Mahindra Manulife ELSS Tax Saver Fund.
- 18. CAP Amount: Max SIP installment amount (including Top-up). In case, the SIP installment amount exceeds the maximum amount mentioned in the debit mandate, the SIP will continue with the last SIP installment amount. CAP Month-Year: Month-Year from which SIP Top-Up will be discontinued.

Terms & Conditions - NACH / Auto Debit

- .. NACH debit facility is offered at various banks. For a detailed list of banks please refer the website www.npci.org.in.
- 2. This facility is offered only to the investors having bank accounts with above mentioned Banks. Above list is subject to modification/updation at any time in future at the sole discretion of MMIMPL, without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
- 3. By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI (www.npci.org.in).
- a. New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
 - b. The Registration cum Mandate Form for NACH should be submitted at least 30 calendar days prior to next SIP cycle date.
 - c. Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
 - d. Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 10 working days before the date of the first debit through NACH.
- 5. Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
- 6. Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 30 calendar days prior notice to any of the investor service centre.
- 7. Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN.
- 8. IFSC is a 11 digit number given by some of the banks on the cheques. MICR is the 9-digit code that appears on your cheque next to the cheque number.
- 9. In case of existing investor, if application is received without existing UMRN then the last UMRN registered in the folio would be considered.
- 10. As per NPCI Circular, with effect from 1st April 2024, the duration of the NACH mandate can be for a maximum period of 40 years i.e. the gap between the "From" date and "To" date mentioned in the NACH Mandate form cannot exceed 40 years.

Terms & Conditions - Auto Debit

Auto Debit: The Auto Debit Facility will be made available only with the banks with which MMIMPL or its service provider may have tie up for Auto Debit from time to time. Please contact Mahindra Manulife Mutual Fund Investor Service Centre for updated list of banks/ branches eligible for Auto Debit Facility.