

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 (Mandatory)	
Relationship with Minor Please (✓) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian		DATE OF BIRTH OF GUARDIAN D D M M Y Y Y Y	

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.

PAN#/ PEKRN#	KYC Identification No. (KIN):	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Please attach PAN Card copy and KYC Proof (Mandatory)			
Mobile No.	<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO	*DATE OF BIRTH D D M M Y Y Y Y	
^^Email ID	<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO		

II. NAME OF THIRD APPLICANT Mr. Ms. M/s.

PAN#/ PEKRN#	KYC Identification No. (KIN):	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Please attach PAN Card copy and KYC Proof (Mandatory)			
Mobile No.	<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO	*DATE OF BIRTH D D M M Y Y Y Y	
^^Email ID	<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO		

*Mandatory

5. APPLICANT DETAILS (Mandatory) (Refer general instruction 3)

5a. Status of Applicants (Refer General Instruction 3D) [Please (✓) one]

Sole/First Applicant	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> QFI <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> PIO <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> OCI <input type="checkbox"/> LLP <input type="checkbox"/> Bank <input type="checkbox"/> FI <input type="checkbox"/> Society / Club <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Non Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> FPI <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Others _____ (Please specify)							
Second Applicant	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> OCI <input type="checkbox"/> PIO <input type="checkbox"/> Individual <input type="checkbox"/> Others _____ (Please specify)							
Third Applicant	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> OCI <input type="checkbox"/> PIO <input type="checkbox"/> Individual <input type="checkbox"/> 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). **Yes** **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 (✓)]

Sole/First Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculturist <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (Please specify)							
Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculturist <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (Please specify)							
Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculturist <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (Please specify)							

5c. Gross Annual Income / Net-worth (Rs.)

Sole/First Applicant	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1 - 5 Lakhs <input type="checkbox"/> 5 - 10 Lakhs <input type="checkbox"/> 10 - 25 Lakhs <input type="checkbox"/> 25 Lakhs - 1 Crore <input type="checkbox"/> >1 Crore (Mandatory for Non-Individuals) Rs. _____ as on D D M M Y Y Y Y (Not older than 1 year)					
Second Applicant	Gross Annual Income	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1 - 5 Lakhs <input type="checkbox"/> 5 - 10 Lakhs <input type="checkbox"/> 10 - 25 Lakhs <input type="checkbox"/> 25 Lakhs - 1 Crore <input type="checkbox"/> >1 Crore					
Third Applicant	Gross Annual Income	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1 - 5 Lakhs <input type="checkbox"/> 5 - 10 Lakhs <input type="checkbox"/> 10 - 25 Lakhs <input type="checkbox"/> 25 Lakhs - 1 Crore <input type="checkbox"/> >1 Crore					

<----- TEAR HERE ----->

Scheme Name	Select your plan	Select your Option / Sub-option / Facility	
	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	
Cheque / DD / Payment Instrument No. & Date	Drawn on (Bank and Branch)	Amount in Figures (Rs.)	

5d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/Trustee/Whole time Directors)

Sole/First Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Second Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Third Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable

6. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS form

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Place of Birth			
Country of Birth			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____
Tax Residence Address Type (as per KYC records)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you a tax resident (i.e., an you assessed for Tax) in any other countrv outside India?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Country of Tax Residency	If 'YES', please fill below for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen/ Resident/ Green Card Holder /Tax Resident in the Respective countries.		
	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Tax Identification Number OR Functional Equivalent	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Identification Type (TIN of other, Please specify)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
If TIN is not available, please tick the reason A,B, or C (as defined below)	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A→The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents. Refer General Instructions 3C and 18
Reason B→No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).
Reason C→Others; please state the reason thereof _____

7. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT (Refer General Instruction 5 & 9)
Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.) Irrespective of the source of payment for subscription on behalf of minor, all redemption proceeds shall be credited only in the verified bank account of the minor or a joint account of the minor with the parent/legal guardian.

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name									
Account No.							MICR Code	<input type="text"/>	(The 9 digit code appears on your cheque next to the cheque number)
Branch Address							Branch City		

Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify) _____
IFSC Code*** *** Refer General Instruction 5D (Mandatory for Credit via RTGS / NEFT) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)
Unitholders will receive redemption/ dividend (IDCW) proceeds directly into their bank account (as furnished in Section 7) via Direct credit/ RTGS/NEFT facility unless specified otherwise in writing.

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 6 for Scheme details and Instruction 4 & 7 for Payment and Third Party Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque for lumpsum Investment/ SIP Registration. FOR DEFAULT OPTIONS, PLEASE REFER KIM.

NOTE: In case of, Payment through single cheque, the cheque/DD should be issued in favour of 'Mahindra Manulife Multiple Schemes' for the total investment amount mentioned below and the cheque/DD details need to be filled only once. Same cheque cannot be used for both lumpsum & SIP investments.

Payment Type: Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Payment Through : Single Cheque Multiple Cheques (Refer instruction 4D)
 One time Lumpsum Investment Systematic Investment Plan (Attach Common SIP/TOP-UP SIP registration/upgrade cum debit mandate form)

*LEI No. Valid upto:

*The Legal Entity Identifier (LEI) is a 20-digit number used to uniquely identify parties for all payment transactions of value ₹50 crore and above undertaken by entities (non-individuals) using Reserve Bank-run Centralised Payment Systems viz. Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). In absence of LEI, the Fund will not be able to make payments (Redemption/ Dividend) of value ₹ 50 crore and above, and shall not be held responsible for any non receipt/ receipt of funds with a delay.

Scheme/Plan/Option/ Sub-option	Investment Amount	DD Charges, if any	Net DD/ Cheque Amount	Cheque/ DD/Fund Transfer Payment Instrument/ RTGS / NEFT Refer No / OTBM Facility^ & Date	Drawn on Bank/ Branch	Bank Account Number
Mahindra Manulife _____						
Mahindra Manulife _____						
Total						

9. UNIT HOLDING OPTION **DEMAT MODE*** **PHYSICAL MODE (Default)** (Refer Instruction 11)

*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 with that 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 ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Beneficiary Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CDSL	DP NAME _____	Beneficiary Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

10. NOMINATION: I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. [As per details given below] - Applicable for Individual Unitholders only (Refer Instruction 13)

Mandatory Details				Non-mandatory Details	
Name of Nominee(s) (Recommended else read and tick (✓) the declaration below)	Relationship with Applicant (if any)	Date of Birth & Name of Guardian (in case the Nominee is a minor)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100% - Any odd lot after division shall be transferred to the first nominee mentioned in the form.)	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] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID
				Mobile / Telephone No. / Email ID of nominee(s) /Guardian in case of Minor	
Nominee 1					
Nominee 2					
Nominee 3					

Note: This nomination shall supersede any prior nomination made by the account holder(s), if any. The AMC / Mutual Fund shall provide acknowledgement of the nomination form to the account holder(s)

OR




[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)*

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

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

*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.