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Ease attach PAN Card copy and KYC Proof and "Refer General Instruction No 14 for PAN/PEKRN and No 16 for KYC.  SSTIN'  "Refer General Instruction 3F.  AlLING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Address should be as per KYC records) (Refer General Instruction 3A)  STATE  STATE  PIN CODE  Telephone: Off.  STID Code  Telephone: Off.  Select appropriate validation code  SE SP DC DS DP GD PM CD PO  AEmail Id  On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof, account statements/statutory and other documents by email. (Refer General Instruction 3A)  Select appropriate validation code  SE SP DC DS DP GD PM CD PO  Description of Email & Mobile validation codes: SE - Self, SP - Spouse, DC - Dependent Children, DS - Dependent Siblings, DP - Dependent Parents, GD - Gu  Deverseas Address***  TEAR HERE  **Acknowledgement Slin (To be filled by the application policy to the proper parents) and the proper parents and proper parents.  **Acknowledgement Slin (To be filled by the application policy to the proper parents) and proper parents.  **TEAR HERE**  **Acknowledgement Slin (To be filled by the application policy to the parents).  **TEAR HERE**  **Acknowledgement Slin (To be filled by the application policy to the parents).		•			•				D	M M	ا ا	Y	Y Y		date of	birth is	Mandator	y in case	of minor)	GENDE	<b>R</b> M	ale	Fema	ale	Oth
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Third Applicant	☐ Resid		ndividu	ıal	I	☐ Foreign N	lational	Resident	in India			NRI-Re	epatria	ation			□ NRI-	Non Re	patria	ation		□0	CI		PIO specify)
*Non-Profit Organiz religious or charital	zation	[NPC	D] to	<b>provi</b>	de ti	he follov	ving o	<b>declara</b>	tion: W	e are	e falli	ng ui	nder	"Non-	-Pro	fit Or	ganiza f 196	ation"	[NP(	O] W	hich h	as be	en co	onstiti or a	uted fo
under the Societies Act, 2013 (18 of 20	s Regis	stratio	on Ad	ct, 186	50 (2	21 of 18	360) d	or any	similar	Stat	e leg	islatio	on or	a C	omp	any r	egiste	ered u	ınder	r the	secti	on 8	of th	ne Co	mpanie
If yes, please quote	the NF	90 Re	egistr	ation I	Numb	er provi	ded b	y DARF	AN por																
(If not registered alrea required to register yo	our entit	y on 1	the sa	aid port	al and									of rece	eipt c	of the	Darpa	n porta	al reg	gistra	tion det	ails, M	IF / AN	1C/ R	TA will b
5b. Occupation De				. ,,											~						7			D	
<b>Sole/First Applicant</b> Please select any one			ector	Service		□ Public So □ Agricultu		Service			rnment ietorsk		ce		Stude Othe		Ш	Professi	ional	L	House	NITE		Busine	ss pecify)
				C														Profess	ional		∃House		`		. ,,
Second Applicant Please select any one			ector	Service		□ Public Se □ Agricultu		service			rnmen rietors		ice		Stud Othe		Ш	PIUIESS	oiuiai	. L	_ House	WIIE		Busine lease :	specify)
Third Applicant	Pri	vate S	ector	Service	, [	☐ Public Se	ector S	Service		l Gove	rnmen	t Serv	ice		Stud		П	Profess	sional	Г	∃House	wife		Busine	,
Please select any one	□Ret		cctoi	JCI VICC		⊒ Agricultı		oci vicc			rietors		icc	_	Othe										specify)
5c. Gross Annual I	ncome	2 / Ne	et-wo	orth (F	Rs.)																				
<b>Sole/First Applicant</b> Please select any one	Gross or Ne			onie		low 1 Lakh atory for N			5 Lakhs Rs			5-1	.0 Lak		as or		) - 25 L	akhs M M	Y	2	5 Lakhs	_	ore older t	□>1 ( han 1	
Second Applicant Please select any one	Gross	Annu	al Inc	ome	☐ Be	low 1 Lakh	1	1·	- 5 Lakhs	<u> </u>		] 5 - 2	10 Lak	chs		_ 1	0 - 25	Lakhs			25 Lakh	s - 1 C	rore	>1	Crore
Third Applicant Please select any one	Gross	Annu	al Inc	ome	□ Be	low 1 Lakh	1	□ 1 ·	- 5 Lakhs			] 5 - 2	10 Lak	khs		<u> </u>	0 - 25	Lakhs			25 Lakh	s - 1 C	rore	□>1	Crore
									≽ <b>т</b>	EAR	HERE		<b>&gt;</b>												
Scheme Name							Sele	ect you	r plan						Sel	lect y	our O	ption	/ Su	b-op	tion / I	-acilit	t <b>y</b>		
							□R	egular	Plan		Dire	ct Pla	an			Grow	rth	□ IDC	w P	ayoı	ıt 🗆	IDCV	V Rei	inves	tment
Cheque / DD / Payment Ins	strument	No. & F	Date				Drawr	n on (Bank	and Bran	ch)					Amo	ount in F	igures (	Rs.)							

Total

5d. Politically Exposed	Person (P	EP) S	Status (/	Also a	nplia	cable	e for au	ıthor	ised sigi	natori	ies/ P	romo	ters	/ Kart	a/Tri	uste	e/Wł	hole t	time	e Dire	ctors)				
Sole/First Applicant (P				] I am	•		- 101 40		□Iam				-	, , , , , ,	Ť			licabl							
Second Applicant (Plea	ase select	any o	ne) [	] I am	ı a P	EP			□Iam	Relat	ted to	o a PE	ΕP			Not	Appl	licabl	.e						
Third Applicant (Please	select an	v one	) [	∃Iam	ı a P	EP		☐ I am Related to a PEP ☐ I							Not	Not Applicable									
6. FATCA and CRS DETAII	CRS DETAILS For Individuals (Mandatory) Non Individu						dividua	al investors including HUF should mandatorily fill separate FATCA/CRS form																	
	Sole/First Applicant/Guardian						1			Seco	nd Aı	oplica	ant			T			т	nird A	Applica	nt			
Place of Birth																									
Country of Birth  Nationality							□ln	dian 🗌 U.S	: Da	hore i	nloaco	cnoc	if.,			Indian ☐ U.S. ☐ Others, please specify									
Tax Residence Address Type (as per KYC records)								esidential					-	iess						ered Off			ısiness		
Are you a tax resident (i.e.,	r KYC records)						☐ Ye	s/ 🗌 No								Yes/	□No	)							
an you assessed for Tax) in any other country outside India?	for Tax) in							ndia) in w	hich yo	ou are	a Res	ident	for ta	x pur	pose	s i.e.,	where	e yoı	ı are a	a Citizen	/ Res	siden	it/ Green		
Country of Tax Residency	(1)	21 / 141	Resident	c iii ciic	. 1(C3	pecu	ve court	(1)								(1)	)								
	(2) (3)							(2) (3)								(2)									
Tax Identiification Number	(1)							(1)								(1)									
OR Functional Equivalent	(2) (3)							(2) (3)								(2)									
Identification Type	dentification Type (1)							(1)								(1)									
TIN of other, Please (2) (3)						(2) (3)								(2)											
f TIN is not available, olease tick the reason A,B, or C (as defined below)					sПc	<b>1</b>	□в□с	2	ΔΠR	Пс	3	ΔΠR	Пc	1	ΔΠι	в□с		<b>2</b> □ Δ Γ	]в□с	3		]в□с			
or C (as defined below)					ıe Tax ide										ΛШ.							C and 18			
from the bank account proceeds shall be credit For unit holders opting to hold Bank Name	ted only ir	1 the	verified	l bank	< acc	coun	nt of th	e mi	nor or a	joint	acc	ount	of th	ne mi	nor v	vith									
Account No.									MICR (	Code									(The	9 digi	t code app cheque i	pears numb	on yo	our cheque	
Branch Address																Brar	nch C	ity							
Account Type (Please ✓) [	Savings	□ Cui	rrent [	NRO		NRE	□FC	CNR																	
IFSC Code***							*** Refer leaf. If yo	er General Instruction 5D (Mandatory for Credit via RTGS you do not find this on your cheque leaf, please check for									EFT) ( same	(11 Ch with y	iaract our t	ter coo bank)	de appea	ring c	on yo	ur cheque	
Payment Details) The na PLEASE REFER KIM. NOTE: In case of, Payment t below and the cheque/DD de Payment Type: Payment Through:	NVESTMENTS & PAYMENT DETAILS [Please (/)] (Refer Instrument Details) The name of the first/ sole applicant must be pre-EASE REFER KIM.  TE: In case of, Payment through single cheque, the cheque/DD should be awand the cheque/DD details need to be filled only once. Same cheque care ment Type:    Non-Third Party Payment							ruction rinted sued not be ird Paultiple	on 6 for d on the in favour used for arty Pay	of 'Ma both I	eme ue foi hindra umpsi (Please r instru	detair lump  a Manu um & S  e attack  uction 4	ils a osum ulife i SIP in h 'Thir 4D)	nd In Inves Multipl Vestm	struc stme e Sch ents. / Paym	nt/ S neme:	1 4 6 SIP R S' for Declar	& 7 degist the tration	for I tration total Form	Paynon. F(	nent ai	nd T	Third	d Party PTIONS, entioned	
☐ One time Lumpsum Investment ☐						Sy:	stem	atic Inves	unen	. Plan	(Attaci	n Con	imon S	IP/TOF	J-UP	SIP re	egistra	.ion/L	прдгас	e cum de	.DIT M	ianda	te form)		
*LEI No.	.EI No. Legal Entity Identifier (LEI) is a 20-digit number used to uniquely identify partie													Val	id up	oto:					$\perp$				
Bank-run Centralised Payment S	Systems viz. R	eal Tim	e Gross Se	ettleme	ent (R	TGS) a	and Natio	for all payment transactions of value' ₹50 crore and al tional Electronic Funds Transfer (NEFT). In absence of LE receipt/ receipt of funds with a delay.								ove ur the F	nderta Fund v	aken b vill not	y ent : be a	ities (r ble to	non-indivi make pay	duals /men¹	s) usir ts (Re	ng Reserve demption	
Scheme/Plan/Option/ Sub-option Investment Amount					Ch	DD arges, f any	Net DD/ Cheque Amount  Cheque/ DD/Fund T Payment Instrum RTGS / NEFT Refe OTBM Facility^ &						ume efer	nt/ No /		Dra Bank	awn ( / Bra		В	ank A	Acco				
Mahindra Manulife																									
Mahindra Manulife																									

mahir     Man							
9. UNIT I	HOLDING OPTION	DEMAT MODE*	PHYSICAL MODE	E (Default)	(Refer Instruction	11)	
the appli	cation form matches	nandatory if the investor w s with that of the demat a s as stated in the applicat	count. Investor opting t				
NSDL	DP NAME		DF	P ID I N		Beneficiary Account No.	

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)

Beneficiary

Account No.

N	landatory Det	ails	Non-mandatory Details							
Name of Nominee(s) (Recommended else read and tick (🗸) the declartion 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 Mobile / Telephone No. / Email ID 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]  Photograph & Signature PAN  Aadhaar (masked - only last 4 digits visible)  Saving Bank account no.  Proof of Identity Demat Account ID					
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

**CDSL** 

DP NAME

[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.)

	<b>A</b>	
First/ Sole Applicant/ Guardian / PoA Holder / Karta	Second Applicant	Third Applicant